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# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 1.

## ON CHOLERA, ITS NATURE AND TREATMENT.

By Charles Clarke, Esq., Surgeon, Kensington.

By the latest accounts from Asia and the east of Europe, it appears that that awful pestilence, the cholera, after sweeping over a part of the former continent, has arrived at the latter. This course, combined with our former experience, justifies us in entertaining the most serious apprehensions, that, ere long, it may arrive upon our own shores. The absurdity and total inefficacy of all quarantine regulations to exclude it, was, I think, sufficiently demonstrated during its last dreadful visitation, to prevent such injurious and fruitless restrictions upon trade, commerce, and social intercourse, being ever again resorted to for that purpose. No person, I apprehend, who has had any experience in the matter, and whose mind, divested of prejudice, is capable of being exercised in a sound induction from facts, will *now* contend that cholera is of a contagious nature. The simple fact seems to be, that the cause of cholera exists, like many other epidemics, in a peculiar—I may, perhaps, say poisonous—condition of the atmosphere, but of the exact nature of that cause or condition we may as well, I believe, confess ourselves entirely ignorant. But until we can place the whole country under an exhausted receiver, and teach people to live without air, we must continue to be liable to its attacks. Such, then, being the case, it behoves us to buckle on our armor, and prepare to meet such a formidable foe with all the resources in our power. Although not a practitioner, but a student, at the time of its last incursion, I well recollect the utter confusion, contradiction, and discrepancy of opinion which then existed amongst medical men as to the best mode of treating this fatal disease. In order, therefore, that it may not come upon us a second time, and find us almost entirely unprepared, I beg to suggest that this subject be immediately mooted at the various medical societies throughout the country, and that the question, What is the best treatment of cholera? should undergo an ample discussion upon the data already established, whilst a cool and comprehensive survey can be taken of them, and men's minds are unprejudiced by the hurried observance of a multitude of cases occurring around them; for it is not during the hurry and confusion of the fight that the best plans of a battle are laid. This would serve also to elicit information as to the opinions which *now* exist amongst the profession upon the subject—would direct public attention to it, and contribute to



enlighten those junior members who have not had an opportunity of acquiring practical knowledge by treating the disease themselves. Now as every one is entitled to hold his own opinion, after due deliberation, and to construct his own little theory upon the subject, and as I have treated the disease in India and elsewhere, I may, perhaps, here venture to state my ideas of its nature, and the best mode of treatment.

Cholera, then, seems to me to be produced by a deleterious state of the atmosphere, of the exact nature or even origin of which we are utterly ignorant, as no appreciable difference can be detected between this air and any other, by any means with which we are at present acquainted. This air having entered the blood through the medium of the lungs, a morbid impression is directly produced; the constitution as it were immediately takes the alarm, and a number of violent actions are set up by the *vis medicatrix nature* to expel the dangerous intruder: hence the severe vomiting and purging at the onset, terminating in the rice-water stools, and producing extreme irritation of the spinal nerves, as exhibited in cramps in the abdomen, lower extremities, &c. These rice-water stools, as they have been not inaptly designated, are evidently nothing more than the serous or albuminous portion of the blood exuded upon the surface of the intestines, combined with the epithelium of the mucous membrane. Granting this, then (and I think it will scarcely be disputed), the immense quantity of these evacuations sufficiently demonstrates what must be the condition of the blood still remaining in the vessels. Being thus deprived of the greatest part of its fluid contents, of course the crassamentum, or fibrinous portion, is left in a viscid and thickened condition, quite unfit for the various purposes of circulation; hence local engorgements ensue, especially in the system of the vena portæ; hence the blueness and lividity of the surface, the diminished heat of the body, the feeling of cold and numbness, the scanty nature of the bile, urine, perspiration, and other excretions, the hollow countenance, the pinched nose, the sunken eye, the diminished respiration, feeble pulse, and death. If this sketch of the origin, progress and termination of the disease be correct, what, then, should be our chief indications of treatment? Evidently, to moderate the morbid actions established by nature for the expulsion of the poison; and as this seems to be attempted by draining the blood of its fluid parts, a prime object should be to replenish these as near as possible, and thus endeavor to maintain its natural fluidity and free circulation, so as to support the system whilst the exhausting processes are going on. 2dly. To prevent local engorgements, especially of the liver, vena portæ, and other portions of the abdominal circulation. 3d. To promote healthy secretion, and allay pain, irritation, spasm, &c.

Now the question remains, how are these various objects to be most effectually accomplished? To fulfil the latter part of the first indication, I would propose that a drink should be prepared, resembling as near as possible the composition of the serum, with albumen, muriate and carbonate of soda, &c., only, of course, in a more dilute state, and that the patient should partake of this as freely as possible, in fact, *ad libitum*. Effervescing salines might also be given occasionally. To restrain inordinate



action, promote healthy secretion of bile and perspiration, and at the same time allay irritation, spasm and pain, nothing, I think, will be found more effectual than a combination of calomel and Dover's powder, administered freely, until the violence of the vomiting and purging is removed, and bilious evacuations are obtained; taking care, however, that the quantity of opium given be not such as to prove injurious to the brain, or to excite a fever of re-action—a result which I believe frequently occurred during the last epidemic, with the calomel and opium treatment, and often carried off the patient after the cholera itself had been surmounted. Should local engorgement ensue and continue, notwithstanding these means, bleeding might then be resorted to, regulating the quantity of blood abstracted by the extent of the congestion and the constitution of the patient; but it is upon this principle alone, in my opinion, that blood should be drawn in cholera, for, as we cannot purify a well of impure water by withdrawing a bucketful, neither can we change the whole mass of blood by removing a portion. If it were possible to abstract the whole or even the greatest part of the vitiated blood in these diseases, and replace it with healthy blood, adapted to the constitution of the patient, by transfusion or otherwise, I believe this would be the most successful practice of all; but, unfortunately, this is a task rather beyond our reach at present. To support the tone and energy of the nervous system, and promote animal heat, towards the close, and in some cases during the progress, stimulants, as wine, brandy, ammonia, &c. may be employed as auxiliaries; for I cannot understand upon what correct pathological principle they are made the sheet-anchor of the treatment, as some have advised. Nutritious diet, in proportion to the powers of digestion, should of course be attended to, and warm baths will be found serviceable.

Such, then, is an outline of the plan I would venture to recommend to the attentive consideration of my junior medical brethren to combat this fearful pestilence, should it unhappily again visit these islands in its awful and devastating course; and though it becomes us from bitter experience to speak with the most profound humility of any plan of treatment yet devised to stop its ravages, yet I am firmly convinced the foregoing will be found the most effectual of any with which we are at present acquainted, if vigorously and judiciously carried out.

The progress of the disease during its last visitation in this country showed that it chiefly attacked the poor, the ill-fed, the ill-clothed—those breathing an impure atmosphere in crowded streets and dwellings—in fact, all those whose blood was impoverished, or whose health and strength were previously impaired by any cause whatsoever. It might therefore be denominated the poor man's scourge—perhaps, some would say, his relief; but even the slightest apprehensions of its advent now is enough to make one shudder to contemplate the havoc it may produce, especially in Ireland, should it follow upon the heels of the famine which is now undermining health there, and, as it were, preparing for its prey the suffering people of that unfortunate country.—*London Lancet.*

"A DANIEL COME TO JUDGMENT."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have perused two communications from Dr. F. A. Ramsey, which have recently appeared in your Journal, and deeply regretted to discover a design, on the part of the writer, to disseminate unfavorable impressions with regard to the professional claims of Professor Annan to public consideration and respect. I agree with Dr. Ramsey that "Medical Journals are the instruments to be used in every possible manner that will tend to the advancement of the profession," and am even ready to admit that "comments upon the ability, medical information, or mode of reasoning of any teacher, made in a spirit of philanthropic investigation," may be admissible without a necessary violation of professional courtesy, and even be productive of good. At the same time, "preceptors who have to determine where their pupils shall go" will feel it to be their duty and their privilege to inquire into the character and motives of any individual who presumes to advise, and speaks to them the language of superiority and instruction.

If it should appear that Dr. Ramsey has felt himself authorized by age, by experience, and by an acquaintance with the professors in the various medical institutions of our country, to mount the tripod and call upon all men to hear and respect his judgment as the decree beyond which there is no resource, and that his opinions are couched in terms respectful to the feelings and opinions of others, I would be silent. Such, I regret to say, is not the fact. Who, then, is Dr. Ramsey? What achievement in the profession can he boast to justify his self-esteem in the supererogatory task which he has undertaken? Can he plead gray hairs, and a life of devotion to his profession, as an excuse for the very complaisant and decided manner in which he forces his opinions upon those who are presumed to be at least as competent as himself to form their opinions upon the subject in controversy?

Dr. Ramsey received his diploma from the Transylvania Medical School, in the spring of 1842—four years since. Whatever may have been his opportunities since then of prosecuting his professional pursuits, he certainly was not, at that time, distinguished above a hundred others for genius, or power, or originality of intellect.

Let us inquire, for a moment, what high offence against the philanthropic sentiment which actuated your correspondent, has been committed by Professor Annan. In an article referred to by your correspondent, Prof. A. remarks—"There is no therapeutical principle in practical surgery better settled than that of the great superiority of warm lotions to the eye, in a state of acute inflammation." This is the very head and front of the offence, and upon this opinion Dr. Ramsey has formed his estimate of Dr. Annan's capacity to teach obstetrics!! He objects, not so much to the opinion, as to the positive manner of its expression, and favors us with his conceptions of a good medical school. The highest qualification (in Dr. Ramsey's opinion, as we receive it from his own publications) of an accomplished teacher of physic or

surgery, consists in the avoidance, with *political* caution, of that species of dogmatism which induces a teacher to express, in positive terms, any opinion relative to practical medicine or surgery, although convinced by long experience of its truth, provided a different opinion may have been entertained by any one else. Apply this rule of action to any truth in the science, and we can readily perceive its absurd tendencies. To illustrate. It is a truth, well established, that quinine is superior to all other remedies in the treatment of intermittent fever. There are some cases, however, in which the remedy fails of its effect, and, acting upon the conservative principle of Dr. Ramsey, no professor should risk his reputation by proclaiming his belief in the principle which directs the use of that remedy. Dr. Ramsey knows, without doubt, that writers and practising physicians differ in their views concerning the influence of heat and cold upon inflamed surfaces. To attempt an array of the conflicting testimony would lead to endless references, and a perpetual controversy. It is a subject upon which, after all, the experience of every individual must decide.

Dr. Ramsey's publications are objectionable, because his youth and inexperience disqualify him to be a judge worthy of respect in regard to mooted principles of physic; it is evident that he is actuated by improper motives, and wishes, by inflicting an injury upon Dr. Annan, to injure the Lexington School. He knows nothing of Dr. A. as a teacher or a man, except by reputation, which places Dr. A. above the force of such a criticism. History tells of a time when the language of wisdom and counsel was appropriate alone to age and experience; when it was the duty of youth to be silent, to observe, and to learn. The strange revolutions of time have changed all this. Now, in this age of steam cars, electric telegraphs and infant phenomena, the old nursery adage is reversed. "Young folks [now] know that *old* folks are fools;" and the rapidity with which infant intellect matures, is perfectly astonishing. Genius crowns its fair promise from the cradle, apes philosophy under the bib and tucker, and at 21 speaks the words of conscious wisdom as an oracle.

"Straws," Dr. Ramsey justly remarks, "show which way the wind blows;" and he is proclaimed, in a recent advertisement, Professor of *Materia Medica* in the Memphis school. We shall be impatient to see his sketch of the incumbent of that chair, and to learn whether all preceptors will not be told that there is at least one medical institution in the Mississippi valley, where the "chairs are filled by men who are well acquainted with the many changes of medicine, &c. &c.," and who have too much regard for the *apodixis* to express an opinion upon any subject whatever, whether apochryphal or otherwise. It may be presumed that Dr. R., with regard to the *positive* therapeutic operation of any medicine, will be always prudently found "upon the fence;" for there is no one, the ordinary action of which may not be modified or perverted by circumstances.

Respectfully,

Lexington, Ky., July 18, 1846.

E. L. DUDLEY.



## DISEASES OF THE SPLEEN.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—As diseases of the spleen are not of frequent occurrence in our New England climate, I have thought that the history of the following cases would not only interest your readers, but also be of service to some of them in treating such cases as occasionally do appear in the forms herein presented.

The debilitated condition of these patients will generally preclude the employment of the lancet; though in all the cases that I have seen, there has been inflammatory action, with strong local determination. I have never resorted to leeching or cupping, but have substituted for them that more potent remedy, *counter-irritation*.

Purging benefits the disorder, and is admirably adapted to the majority of cases, says a distinguished writer, and for this purpose Mr. Twining's Spleen Mixture is a most valuable cathartic preparation; its tonic properties make up for its reducing agency, and in its use we obtain both a tonic and deobstruent effect in a very striking manner.

CASE 1.—G. E., aged about 25 years, consulted me on account of a tumor on his left side; his health had been gradually failing for the last three months; the first time I saw him was on 24th of December, 1845. He was emaciated, his face was sallow and bloodless, tongue coated with a white mucus, pulse 120. He had been west during the preceding autumn, where he had suffered from a tertian ague. Previously he had been under the care of a root or steam doctor, but his side and other complaints growing worse, compelled him to seek assistance from a different source. Besides the symptoms above mentioned, there was violent and continued pain in the affected side, costiveness, night sweats, and a rapid decay of muscular power.

On examination the spleen was found enormously enlarged, there was tenderness on pressure, it occupied the whole left hypochondria, and reached two fingers' breadth below the umbilicus. Anteriorly the tumor was rounded, and so prominent as at once to be noticed without being touched.

A seton was introduced directly opposite to the apex of the tumor. Tartar-emetic ointment to be rubbed over the swelling twice daily, and the following powder to be taken every morning: R. Pulv. jalap., pulv. rhei, āā gr. x. Mix for a dose.

Dec. 27.—Symptoms much the same. The powders had purged him freely. The seton had produced no discharge, some irritation from the ointment. Applied a poultice to the seat of the seton, and continued the remedies.

Jan 1.—The discharge from the seton and irritation from the ointment considerable. The powders were omitted, and Mr. Twining's Spleen Mixture substituted. R. Pulv. jalap., pulv. rhei, pulv. calumbæ, pulv. zinziberis, potassæ supertartratis, āā ʒj.; ferri sulphatis, ʒss.; tinct. sennæ, ʒiv.; aquæ menthæ sativæ, ʒx. Misc. Dose, one ounce and a half at 6, A. M., and repeated at 11, A. M. The doses for children must be regulated so as to produce three or four stools daily.

6th.—Very little alteration in the general appearance of the patient. He has less pain, however, rather better appetite, and the swelling somewhat subsiding. Continued the mixture, and recommended him to take ten drops of acidum sul. aromat. three times a-day.

12.—Pulse 100, night sweats abating, no pain except on motion, the swelling much smaller. As the walls of the abdomen are extremely thin, the substance of the spleen can be easily felt. It is as hard as horn, without much tenderness. Omitted the tartar ointment, and used the following. R. Hyd. potass., ʒ iij.; cort. simp., ʒ j. M. Spleen mixture continued.

15th.—Pulse 90 and soft, appetite good, has none of the sweats, and there is less induration of the spleen. Continued the remedies.

21st.—Doing well, pulse 80, countenance much improved.

29th.—Much better in every respect. Allowed a generous diet, removed the seton, and continued the mixture.

The further progress of this case was favorable and rapid, the disease disappeared, and health and strength returned. On the 18th of Feb., 1846, I discontinued my visits. Mr. E. is now at Glens Falls, N. Y., and a gentleman from that place lately informed me that he was in the enjoyment of perfect health.

II.—C. B., aged 2 years, of slender parents, and scrofulous diathesis, while recovering from acute bronchitis was found to have enlarged spleen. He was treated with the spleen mixture, and had iodine ointment rubbed over the spleen. He was improving, the spleen having been reduced nearly to the normal size, when he was seized with convulsions, which terminated his existence in a few days after the first attack.

III.—Mrs. T., aged about 30, the mother of one child, was afflicted with neuralgia and spinal irritation. There was tenderness over the lumbar region of the spine, and enlargement of the spleen. The spinal disease was treated in the usual manner, and the seton, ointments, and spleen mixture used as before. She recovered in six weeks from the time I was first called to visit her.

Yours,

*Lime Rock, R. I., July 25, 1846.*

J. P. LEONARD.

## CURATIVE POWERS OF NATURE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—An article in your Journal of the 15th inst., from the pen of Dr. John Clough, under the caption "Alleged Homœopathic Cures," teaches principles which bear so striking a resemblance to the homœopathic practice itself, that we might suspect them to be of the same family, were not the views of the writer too well known to admit of any such imputation. The doctor, however, has "little confidence in medicine as a curative agent;" and he brings, in defence of his ideas, three cases, which, with your permission, shall receive a cursory review.

In the first case, the "pulse was about 100, severe headache, furred

tongue, restlessness, sickness at the stomach, loathing of food, and a general prostration of the nervous energies." Who does not see in this, either a case of slight fever, or one of those headaches which affect more than half of the community several times in the year, almost always resulting from improper diet, sudden changes of weather, or slight constipation, and which are nearly always relieved without the attendance of a physician, requiring nothing more than a laxative, which was probably furnished, in the case referred to, by the gruel.

The second was a girl with "scarlet fever," "not malignant." She "recovered without any medicine except a dose of castor oil." Every one is aware that usually, in simple scarlatina, a "dose of castor oil" is all that is necessary. It is not advisable to pursue active antiphlogistic measures in any such simple cases. Here, the so much abused *vis medicatrix nature* may be sufficient to alleviate the symptoms. But she should not be too much relied upon out of her own legitimate sphere.

But so little has been the experience of the writer of the article under consideration, in the curative abilities of nature, that he is obliged "to report a case second handed." Now, therefore, we might expect this *selected* case to afford a complete proof of the resuscitating power of nature, and of the inefficiency of medicine in disease. But what is the fact? "He was called to attend upon a little girl, with severe inflammation of the eyes, which proved obstinate for some time, under the most judicious treatment." The "judicious treatment," probably antiphlogistic, which was adopted, laid the foundation for a cure, and all that was thereafter necessary was quiet, rest, and care. These were obtained, and the recovery was complete.

Those, who have kept pace with the spirit of the age, find that there has been a vast improvement in medical science within the last twenty years. Medicine is becoming more and more the property of the public. A man must now not only know what medicine he is administering, and why, but the public have almost come to the conclusion that they must know the same, and the physician must be prepared to inform them if the demand be made. We are emerging from the clouds and gloom in which medicine has long been immersed, and are nearly realizing that perfection of the science, which fifty years since was but little dreamed of. Medicine is becoming less of a speculation, and the human race are reaping the benefit thereof. Men are becoming convinced that hygienic means are as valuable as recuperative ones. They have ascertained that alcohol is one of their enemies, and that vaccination is one of their friends. The luxuries of life are less sought for, the champagne sparkles less upon our tables, the wine-glass is invisible at many of our weddings, the ventilation of our houses and public halls is better regulated, the health of our cities is increasing; even Boston, which has always been noted for the purity of its air and the healthiness of its location, Boston, I say, has now but one death in fifty throughout the year, while fifteen years ago there was one in forty-three; in short, human life is growing longer, for while the public investigate into the acquirements and abilities of medical men, when they seek for the information



which all are obliged to furnish, they at the same time distinguish the ignorant man from the wise, the quack from the physician, and give the preference to him whom they perceive does not have *one* theory or *one* remedy for the variety of cases which come under his observation, but who judges and administers according to the dictates of a common reason and an enlightened knowledge and experience.

J. W. S.

Boston, July 23, 1846.

#### UNSUCCESSFUL CASE OF HOMŒOPATHIC TREATMENT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of June 17th, page 398, in an article by Dr. Holt, of Lowell, on “Aconite and Mercury—Homœopathically,” is the following remark—“Let us then compare our cases of practice, and let those who are capable judging, decide on which side the error lies.” Now if you think the following case, which occurred not twenty miles from Lowell, accompanied with the one reported by him, on the above page, would assist him in detecting error, you are at liberty to report it.

Mrs. K., aged about 35, sanguine temperament, strong, vigorous constitution, active habits, wife of a farmer in easy circumstances, but disposed to use her own hands. In June, 1843, did a large washing on Monday; weather was very warm; slept at night with a window raised, and took cold. Tuesday had chills, followed by heat and pain in bowels. Wednesday, pain increased; took oil, which did not operate well; had a restless, distressed night. Thursday morning, her husband came for me to visit her. I was out of town. He then called a homœopathic doctor, who was a regular educated allopathic M.D., but had fallen from the faith, and had been for some time practising *homo*. I heard nothing farther from the case until Saturday towards noon, when Mr. K. called and wished me to visit his wife; said she had been very sick, suffered much from pain in her bowels, and thought she ought to take an active cathartic, but the doctor said he could cure her better without, and gave her nothing but “globules,” which did not affect her in any way. Her bowels had not yet been moved, but the pain subsided during the last night, yet she had a very restless, distressed night, and he did not think she was any better—although the doctor had called early in the morning, and said that she was not only better, but convalescent, and it would not be necessary for him to visit her again, and took away what medicine remained. As the doctor pronounced her convalescent in the morning, I did not suppose the case was immediately dangerous, and advised him to call the doctor again, and if he did not relieve her after a fair opportunity for a trial, I would visit her. He soon had the doctor visit her again. About sunset Mr. K. came to me, and said the doctor had been there twice, was coming again in a few moments, Mrs. K. was no better, and wished me to meet him. I went immediately, and found the doctor there. As I entered the room, the patient was vomiting a small quantity of dark greenish-brown matter; countenance contracted; ex-

ceedingly anxious, distressed look; skin covered with a cold, clammy dampness; pulse 130, small and feeble; feet and knees quite cold; abdomen distended and very tender, pressure upon it gave much uneasiness and vomiting; occasionally had what she termed severe cutting pains, followed with vomiting. I took an early opportunity to say to the doctor that I feared gangrene had, or was about to take place, and of course we must expect a fatal termination. He hoped not; said he had given aconite, and the common homœopathic treatment, for enteritis, but was willing to try allopathy now. We had friction, first dry, then with hot tinct. flies, followed with active, hot mustard poultices to her limbs, flannel kept saturated with tinc. flies upon her bowels. Gave *carb. ammo.* and camphor, wine and quinine, spt. turp. and castor oil, and stimulating enemas, but she continued to sink and died about noon on Sunday.

*Query.*—If, “the morning previous” to the call of the homœopathic man, “she had been bled and purged very freely, and other appropriate allopathic treatment adopted by a very respectable practitioner,” as in Dr. Holt’s case, would she not have been much more likely to have recovered, even if she had taken drops of water, instead of globules of aconite.

W.

June, 1846.

#### STATISTICS OF MARRIAGES, LABOR, &c. &c.

[THE following interesting statistical report is drawn up by Dr. J. M. Waddy, senior surgeon of the Birmingham Lying-in Hospital, and is published in a late number of the London Lancet.]

Before entering on the following statistics, it is well to remark, that as the benefits of the charity are limited to married women, many injurious complications of labor are, to a great degree, avoided; but the class of patients attended upon are, for the most part, poorly fed, clothed, and lodged, and many of them are employed in manufactories, and exposed to circumstances, of a moral and physical nature, extremely detrimental to their health and comfort.

The early age at which some marriages appear to have taken place, will strike the reader; but the freedom of intercourse between young persons of both sexes employed in factories, especially at meal-times, and after work is over in the evenings, tends to the early development of sexual inclinations, and often induces early, ill-assorted, and compulsory marriages. These early marriages are extremely prejudicial to health, are embittered by constant disappointments, and are often associated with extreme poverty and wretchedness. No wonder, then, if in persons thus circumstanced, labor should often prove tedious, difficult and dangerous, and the offspring weak and sickly, having, in birth, the germ of future ill health and premature old age, and the promise of an early grave.

The marriage of factory girls with apprentices, whose low wages are scarcely sufficient to procure subsistence for themselves, and which are quite inadequate to the support and proper maintenance of a family,

produces very often scenes of misery and wretchedness, surpassing, in their cold reality, the woes of fiction. Such scenes rarely leave their victims untainted in morals, never unprejudiced in health; and it is a subject worthy the attention of the statesman to find a remedy for a system so burdened with social evil, and which, whilst it continues, must, in many instances, constitute an almost impenetrable barrier to the reception of moral and religious truth.

In Manchester, and in many other of our large manufacturing towns, the nature of the employment, together with the large number of hands employed, are such as to admit of a system of strict moral discipline being enforced, with a proper separation and classification of the sexes. This, however, cannot be done to any great extent in the number of small manufactories with which Birmingham and its neighborhood abound. The following are some of the results which presented themselves in the practice of the hospital during the last year:—

*Age of Marriage.*—Of 523 females, 1 had married at 14 years of age; 4 at 15; 13 at 16; 44 at 17; 85 at 18; 91 at 19; 97 at 20; 76 at 21; 55 at 22; 36 at both 23 and 24; and 33 at 25; beyond which age the number of marriages greatly diminished, and only 1 married respectively at the ages of 32, 34, 37 and 38.

Of 574 males in Birmingham, it was also ascertained that 1 had married at 15 years of age; 3 at 16; 12 at 17; 23 at 18; 42 at 19; 84 at 20; 52 at 21; 60 at 22; 52 at 23; 51 at 24; 44 at 25; 34 at 26; and 31 at 27; beyond which period there was a material diminution; and only one married respectively at the ages of 39, 40, 42 and 44.

*Age at the Commencement of Menstruation.*—Of 623 females, in 1 the catamenia appeared at 9 years of age; 2 menstruated at 10; 15 at 11; 46 at 12; 87 at 13; 130 at 14; 115 at 15; 105 at 16; 67 at 17; 43 at 18; 10 at 19; and 2 at 20.

*Ages of 708 Women registered for Attendance during Confinement* (at the drawing out of the table).—1 at 16 years of age; 2 at 17; 4 at 18; 6 at 19; 27 at 20; 21 at 21; 33 at 22; 36 at 23; 45 at 24; 37 at 25; 38 at 26; 35 at 27; 41 at 28; 34 at 29; 52 at 30; 28 at 31; 27 at 32; 39 at 33; 40 at 34; 31 at 35; 23 at 36; and 27 at 37; beyond which age a marked diminution in the numbers took place, except that at 40 years 21 women were registered.

*Previous Labors.*—Of 641 of the above women registered, 38 were primiparous; 104 had had 1 child; 94, 2 children; 70, 3; 75, 4; 77, 5; 53, 6; 28, 7; 43, 8; 25, 9; 20, 10; 7, 11; 3, 12; 2, 13; 1, 14; and 1, 16 children.

*Previous Abortions.*—Of 263 women, 32 had aborted at 2 months; 139 at 3 months; 43 at 4 months; 22 at 5 months; 12 at 6 months; and 15 at 7 months.

*Intervals between Deliveries.*—Of 275 women, 3 had an interval between their confinements of 10 months; 1, of 11 months; 51, of a year; 100, of a year and a half; 156, of 2 years; 87, of two years and a half; 51, of three years; 16, of three years and a half; 19, of four years; 6,



6 of 4 years and a half; 5, of five years; 3, of five years and a half; 1 of eight years; and 2, respectively, of ten, twelve and thirteen years.

*Duration of Labor.*—Of 470 labors, 10 had terminated in an hour from their commencement; 32 in 2 hours; 34 in 3 hours; 63 in 4 hours; 51 in 7 hours; 45 in 6 hours; 47 in 7 hours; 26 in 8 hours; 23 in 9 hours; 18 in 10 hours; 17 in 11 hours; 27 in 12 hours; 17 in 13 hours; 8 in 14 hours; 12 in 15 hours; 2 in 16 hours; 2 in 17 hours; 3 in 18 hours; 5 in 19 hours; 3 in 20 hours; 3 in 22 hours; 8 in 24 hours; 1, respectively, in 23, 27, 33 and 44 hours; and 5 in 48 hours.

*Presentations.*—Of 437 presentations, 468 were of the vertex, in 6 of which the face was towards the pubis; in 5, prolapse of the funis occurred, in 3 of which the children were stillborn, and the hand presented with the head in 2 instances; 6 were shoulder or arm presentations, in which cases 4 of the children were stillborn; 16 were breech presentations, in which cases 5 children were stillborn, and 5 were footling cases.

The vectis was used once, and the forceps twice—once in impaction of the head, and once in a retarded labor.

*Time of Expulsion of the Placenta.*—In 334 cases, this happened in 5 minutes after the birth of the child; in 22 in 8 minutes; in 85 in 10 minutes; in 51 in 15 minutes; in 18 in 30 minutes; in 4 in 40 minutes; in 3 in 1 hour; in 1 in an hour and a quarter; in 2 in 1 hour and a half; and in 1 in 4 hours (this patient died with puerperal mania).

Four placenta were decomposed; 5 adherent, of which 1 was extracted in half an hour; 2 in an hour and a half, without hemorrhage; and 2 in three hours, with hemorrhage.

*Intervals between Menstruation and Confinement.*—In 11 cases there was an interval of 6 months; in 6 of 7 months; in 42 of 8 months; in 110 of 9 months; in 70 of 10 months; in 2 of 11 months; and in 2 of 12 months. Ten patients had not menstruated since their previous confinements; 3 menstruated up to the period of quickening; and 2 menstruated during their entire pregnancy.

Puerperal convulsions occurred in two patients.

Two cases of monstrosity occurred, and a child was born with but one ear.

Death took place in one child from hæmorrhage from the funis, which had been carelessly tied by a midwife.

Severe hæmorrhage occurred in four cases; hour-glass contraction in one instance.

One patient died a few weeks after childbirth from the combined effects of hæmorrhage and starvation; from being an affectionate mother, she gave her children what she ought to have had herself.

One patient walked to the hospital, a distance of four miles, during her labor, and was safely delivered within ten minutes after her arrival.

One female has had seven preternatural presentations, and only one cranial. Two of her sisters lost their lives by cross births.

Labor commenced, in one instance, with a severe rigor, lasting two

hours; rupture of the membranes cured the rigor, and the child was born by one long-continued pain. This woman has had six children, all born in the same manner.

One woman suckled three months, another four months, and a third during the whole term of pregnancy; but, in the last case, the infant was very feeble, and died within a few hours after its birth.

Out of 628 females, we find marriage took place in upwards of 500 persons previous to the 24th year of their age. Yet few pregnancies took place before that period. The greatest number of pregnancies range from the 24th to the 34th year of age. The largest number of marriages are at the 19th and 20th years; and yet only 6 individuals were pregnant at 19 years old, and only 27 at 20. Surely these facts show that the powers of procreation are feeble in the female of tender years; and where nature indicates a fact, we do well to attend to her instructions.

From a record of the hours in which labor terminated, I find 201 females were delivered between 10, A. M. and 10, P. M., and 296 between 10, P. M. and 10, A. M. I do not, however, consider this table as affording any conclusive evidence of the hours in which labors terminate. We must wait for additional facts.

#### DR. FORBES'S "YOUNG PHYSIC."

THE July No. of the British and Foreign Medical Review contains eighteen pages of "Extracts from Correspondence," being letters from medical men in different countries to the editor respecting the celebrated article in his January No. on Homœopathy, &c. The letters published are all commendatory, some of them extravagantly so. The names of the writers are not given, and the towns or cities where they reside are also blank. Three are from "America"—one of which, as well as two from Scotland, we give below, and they may, perhaps, be taken as a fair specimen of the whole.

" ———— (America), Feb. 28th, 1846.

"The article has created quite a sensation here, and knowing well that it could be laid hold of by the homœopathists, and garbled as it has been, I was myself anxious that it should be re-printed in full, so that no permanent misrepresentation might exist. The favorable portion of your remarks has already been extracted by them (the homœopathists), yet they have not concealed that you are no homœopathist, and have endeavored to show that you are not consistent, by contrasting your admissions in regard to the reform produced by the practice of Hahnemann with your exposition of its absurdities. The whole article accords signally with my own views. In regard to the 'agenda, cogitanda, &c.,' I have scarcely an objection to make. Whilst I lived in ————, I was generally regarded as an 'inert' practitioner, because I did not practise the energetic and heroic treatment universal there; and since then my remedial agents have been considered to belong to a 'masterly inactivity.' I apprehend that in the progress of life, every one becomes less and less

active; is more and more disposed to attend to the 'divinity that stirs within us;' is less and less disposed to believe in the special adaptation of drugs to special morbid conditions; and more and more in the great principles of hygiene and therapeutics. With one single admission only would I hesitate to accord. You ascribe immense influence to Hahnemann as a reformer of regular practice. In this country, his doctrine and course of treatment have had but little effect on the 'regulars.' In the cities they have long become less active; but if any one is entitled to the credit more than another here, it is Broussais. Nowhere, not even in France, were his views so extensively embraced; and under their adoption, the excessive bleedings of the Rush school and the hypercatharsis in use everywhere were abandoned, and a more rational and milder system introduced. The good sense of observers of the day has also, I apprehend, had much to do in bringing about this salutary reformation."

"————— (Scotland), 18th Jan., 1846.

"Your article in your last No. has stirred us like a trumpet. Many are terrified and enraged, as well as awakened, and, like 'Demetrius and the craftsmen' of old, are 'crying some one thing, and some another;' for they are 'confused' as well as confounded. Our friends [the minims] are quite jocose and lively at being handsomely killed, decently buried, and having a sort of funeral service read over them. They are preparing, however, phoenix-like, to rise from their own remains. You have done a great service to the profession and to mankind by giving them (in their present form) their quietus. But as to create is better than to destroy, you must go on to the *instauratio magna*, and give us, or help us to the giving of, a new *Organon*, in which Bacon's (because Nature's) rule will be followed, and the *end* of the healing art will be stated to be, not the knowledge of diseases, but the cure of them, by *knowledge* (of a certain kind, of course); but the knowledge as a means; the cure as the *end*, and the only end, though not the only result.

"Some of our better men, and who have been *lying awake, waiting to be called*, think your notice rash, rough and exaggerated. I say to them, a trumpet sounds an alarm, gives a challenge, calls attention, and signifies a position. It must be loud, it must be startling; it can hardly fail to be a little too loud, or a little too rough-voiced. I for one acknowledge it as a true and certain sound, and am ready to join the ranks: and my object in using the liberty I now take with you is first, to thank you most sincerely as a man and as a healer, for what you have done to *me* in this matter; and, secondly, to offer my services to you as a fellow-soldier and a free man, and one who serves the same queen (the Vis Med. Naturæ).

"We are all against the young giant being called 'Young Physic.' He must not be *nicknamed*, and by his own father too! We have got the *thing*—the *name* will come in due time."

"————— (Scotland), 18th Jan., 1846.

"I have not ventured to bore you with my opinion of your 'Young Physic' article, because abundance of more valuable opinions would be



poured in upon you for some weeks. Now, when probably the inundation of letters has diminished, or diminishing, allow me to say that I think it a right bold, and right good essay. On this side of the Tweed we all belong much more to the school of 'Young Physic' than our Southern neighbors, with all their gigantic drug-loving, drug-giving, and drug-swallowing propensities. Still, however, the article will be of great use even in old Scotland. Some here are in great wrath at it. Never mind. *Fiat justitia, &c.*

"Pardon me if I say I think you would have made the article as useful as it will be, and less offensive to the 'some,' if you had done two things—first, not *contrasted* homœopathy and allopathy, but merely adduced homœopathic results to show (as they do) medicines of no use in many recoveries; and, second, I think you should have brought out more forcibly the fact that we have some **POSITIVE** agents in allopathy—that opium does and can act as an anodyne, antimony can sweat, ipecacuanha vomit, jalap purge, &c. &c. What we want is more precision as to when and where we should purge, vomit, sweat, &c., or where we should *not*'

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 5, 1846.

*Auscultation of the Heart.*—"A Tabular View of the Signs furnished by Auscultation and Percussion, and their application to the diagnosis of Diseases of the Heart and Great Vessels, by O'Bryen Bellingham, M.D., &c.," has been published at this office, from the second English edition, with notes by Usher Parsons, M.D. This is by the same author and in the same style as the Tabular View of the Signs by Auscultation in Diseases of the Chest, which has been so popular among physicians of late, and is destined to have the same extensive sale. It must necessarily be a valuable guide for the practitioner, and as cheapness is a recommendation in these days of economy, no one need be without it. There is a mass of useful matter, so arranged that the eye embraces the whole of it at one view. It is calculated for a frame, to be suspended in an office or library.

*Remittent Fever in Alabama.*—A pamphlet of fifty-six octavo pages, being a re-print of an article that appeared in the American Journal, in April, has come in course upon our table, the title of which is as follows—"Observations on Remittent Fever, as it occurs in the Southern parts of Alabama, by Wm. M. Boling, M.D., of Montgomery, Alabama." This is an exceedingly well-written paper, and the author exhibits as much familiarity with his subject as any one who has dared to grapple with it at any former period of medical history. But we are very feebly impressed by what any one says on the never-ending topic of fever—of which the profession still appear to be as ignorant as mathematicians are of the pro-

cess of squaring the circle. There is such strange diversity of opinion in regard to the causes of fevers, of any type, that the task of ascertaining what theory is the truest would be a hopeless undertaking; and with respect to treatment, there is no system to be pursued—no rule of practice, on which we can rely with confident hope of success. There are expectant methods—in which little or nothing is attempted, yet the expectation is entertained of some favorable alteration which is momentarily expected to occur. This is considered admirable practice by some men of high intellectual endowments. Then there are calomel dosers. Fever or no fever, that is the remedy; but if patients happen to die under the treatment, absolute astonishment is expressed, because the medicine, of all things in the *materia medica*, is the only one to be trusted to in fevers. Homœopathy rests on invisible agents—the smaller the better, since efficiency is found to exist even in diluted water. The new school of physicians are decidedly convinced that they have at last hit upon the philosophical process of calming the whirlwind and directing the storm in the blood and nervous system. Next, the bleeders—the sanguinary depletants, who cut open the veins in earnest, as though they were making a breach in the Erie canal. They are no believers in any course but their own—one that is marked by some spirited demonstration—taking the bull by the horns at the onset. Different grades of confident prescribers follow each other, all equally rational and scientific, and all differing from each other in what are considered essential points, but perfectly satisfied with their own individual views of the predisposing causes of fever, and the proper remedies. Last, though by no means least, are the hydropathists, with their wet napkins and cold sheets, wrung out in spring water; and the Beechites and Thomsonians, with lobelia emetics, hot drops, steam baths, and nerve powders, who all claim to have determined the remote and predisposing causes of fevers, and to have made rapid cures. Although some actually recover under each of these different modes of treatment, yet it might as well be acknowledged, honestly, that medical science has not yet unravelled the mystery of that certain something defined to be fever.

These remarks rise spontaneously, on reading Dr. Boling's essay, but with perfect respect for his efforts. We regard him as a very talented, industrious observer, who has thrown as much light as any of his predecessors on a dark subject.

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*Ohio Medical Convention.*—An examination of the records of the Convention, shows very clearly that it is destined to be an influential body in the State, and a standard of medical attainments will in future be recognized by this energetic institution. Although the session was opened on the 12th of May, at Columbus, the published proceedings have not long been before the public. Dr. A. H. Baker, of Preble, was elected president, with whom were associated six vice presidents. Papers were read by the following gentlemen, on the subjects attached to their names. Extracts will hereafter be made from such of them as seem of most importance. Prof. Butterfield, on Obstetric Auscultation; Dr. McIlhenny, on Animal Magnetism; Dr. White, on Version of Fœtus, &c.; Dr. Hills, A case of Dry Gangrene, &c.; Dr. Howard, Several Operations in Surgery; Dr. R. Thompson, do. do. Dr. Howard's cases present points of unusual

interest. Lastly, the code of ethics embraces all that is desirable to maintain the peace, honor and usefulness of the medical profession, the world over.

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*Preservation of Dead Bodies in Africa.*—Dr. Lugenbeel, the talented Colonial Physician of Liberia, whose name is familiar to our readers, in one of his recent letters, mentions the following mode of disposing of the dead bodies of the different classes of natives, by the aboriginal authorities of that portion of Africa.

“It is not uncommon for deceased persons to be kept unburied for several months, and even years. I heard of a case, in which a king was kept three years, and then buried with great pomp and ceremony. In such cases, the body undergoes a kind of smoking process, the particular manner of which I have not yet been able to ascertain. The length of time during which they are kept out of the ground generally depends on the rank and influence of the individual during life. Criminals, or such as die in consequence of drinking the sassy-weed decoction—the judicial and infallible test in all cases of suspicion of witchcraft, and sometimes of theft and other crimes—are not honored with interment at all; but are left in some out-of-the-way place, a prey to wild beasts and birds. In some such places, the bones of hundreds of the unfortunate victims of this murderous practice present melancholy evidence of the influence and extent of superstition among the poor, ignorant natives of this country.

“I may here allude to a case, to which I was called a few days ago. A native man was mortally wounded by the accidental discharge of a gun, which was the property of another man. The wounded man died in a few hours; and the owner of the gun was immediately charged with the crime of witchcraft. Being afraid to try him within the jurisdiction of the colony, they intend to take him to the Kroo country, in order to give him the sassy-weed decoction, as a test of his guilt or innocence. And, as few persons escape death, after having taken the poisonous draught, he will, no doubt, meet the fate of thousands of his benighted countrymen, who have thus been ushered into the eternal world.”

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*Thoughts on Animalcules.*—Gideon Algernon Mantell, M.D., one of the most delightful writers of modern times, on geological subjects, has sent forth another little unpretending book, which is made up of notes of microscopic examinations of chalk and flint. He is exceedingly popular in England, and would be universally so in this country, if his writings were afforded cheaper, so that they might reach our remotest hamlets. Why can't there be cheaply-printed scientific matter? The depraved taste of the great public might be thus corrected.

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*Castleton Spring Graduates.*—At the close of the Spring Session of Castleton Medical College, June 1st, 1846, the following gentlemen received the degree of M.D., viz. :

John J. Adams, Charles Angell, Alson Atwood, John B. G. Baxter, William P. Beebe, Dennison Bliss, Charles N. Branch, E. P. Buell, G. W. Barron, Ralph Bugbee, S. B. Cash, C. W. Clarke, M. A. Cushing,



John Cooper, M. V. Davis, I. S. Knapp, Geo. H. Leach, Sanil Maharg, Isaac Mayhew, Archibald Morris, W. B. Maynard, A. L. Merriam, R. C. Messer, W. Mott, H. M. Murdock, A. I. Newton, E. W. Owen, I. W. Phelps, George L. Peaslee, Orison Plumley, W. C. Doane, I. O. Dow, R. M. Dow, I. W. Fay, D. A. Fiske, W. N. Gilchrest, John Greene, Charles W. Hall, George W. Hopkins, A. W. Hayse, W. S. Housinger, I. G. Horton, W. A. Hosford, Samuel Peters, I. S. Pride, I. M. Rogers, Elisha Roberts, W. A. Sibley, W. C. Slayton, Orman Terry, B. Tenny, I. I. Trantham, I. G. Whitcomb, Seneca Wing, George S. Hood.

The honorary degree was conferred on Chester W. Keys, and Hiram N. Eastman.

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*Surgeons in the U. S. Army.*—Appointments on the 7th of July, under the act supplemental to an act entitled "An act providing for the existing war between the United States and Mexico," approved June 18, 1846.

*Surgeons.*—William Trevitt, of Ohio; Benjamin Stone, of Ohio; Edward B. Price, of Illinois; James Mahan, of Illinois; Robert F. Richardson, of Illinois; Wm. M. Quinn, of Illinois; Seymour Halsey, of Mississippi; Paul F. Erie, of Georgia.

*Assistant Surgeons.*—Robert McNeal, of Ohio; P. H. Mulvaney, of Ohio; Wm. B. Herrick, of Illinois; Daniel Turney, of Illinois; Washington J. Gibbs, of Illinois; Henry Bragg, of Illinois; John Thompson, of Mississippi.

Appointments on the 14th of July, under the act approved June 18, 1846.

*Surgeons.*—Alexander Hensley, of Kentucky; Thomas L. Caldwell, of Kentucky; Robert P. Hunt, of Kentucky; Caleb V. Jones, of Indiana; Daniel S. Lane, of Indiana; James S. Athore, of Indiana; E. K. Chamberlain, of Ohio.

*Assistant Surgeons.*—Alexander Blanson, of Kentucky; John J. Matthews, of Kentucky; James B. Israel, of Kentucky; Wm. Fisdick, of Indiana; John F. Walker, of Indiana; John G. Dunn, of Indiana; A. E. Keighway, of Ohio; John J. B. Hoxey, of Georgia.

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*Surgical Operation.*—The operation of Lithotomy was performed on the 9th ult., on Mr. John Carder, of Warwick, by Dr. Parsons, of Providence. The stone removed from the bladder measures *five inches* in circumference. The patient, who is 74 years of age, bore the operation with great fortitude, and is already nearly recovered from it, as well as from the previous sufferings which had afflicted him for many years.

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*Cold Water Treatment.*—On Saturday, June 20th, James Ellis, the laceman, took his trial at the Central Criminal Court, for the manslaughter of Richard Dresser. The coroner's inquisition on which he was tried charged him with having "injuriously, rashly, negligently, and feloniously, caused certain cloths, saturated with water, to be placed upon the body of Richard Dresser for a long period of time; and that he had also rashly, injuriously, &c., placed him in a bath containing a large quantity of water; and that by these means he caused him to be mortally disordered in his body, and likewise occasioned a mortal congestion of the heart and lungs, of which he languished until the 2d of June, and then

died." Mr. Bodkin opened the case for the prosecution. The evidence at the inquest was reiterated. Lord Chief Justice Tindal summed up, and the jury returned a verdict of *Not Guilty*.—*London Lancet*.

*Medical Miscellany*.—Mrs. Marr, of Phippsburg, Me., says a Bath paper, was delivered of six children on the 27th of June, two living and four dead. The mother and twins are doing well.—One Spencer, a travelling lecturer on mesmerism, has been arrested in New Jersey, for murdering his wife.—Dr. John J. Abernethy, passed Assistant Surgeon, has gone out in the U. S. Store Ship Lexington, bound to the Pacific. Dr. James Ord, Assistant Surgeon, goes out with the artillery company, in the same vessel.—A desperate effort is making to soften down the extreme rigidity of the quarantine laws at Marseilles, which will finally ruin the commerce of the place, if not speedily ameliorated.—An attempt was made a little time since, by an incendiary, to fire the Naval Hospital at Chelsea, opposite Boston.—The Senate has confirmed the appointment of fifteen Surgeons and fifteen Assistant Surgeons for the U. S. Army. They are all natives of Ohio, Indiana, Kentucky, Illinois, Missouri and Georgia.—Letters from Persia state that the cholera is making frightful ravages in the interior of Asia. It has travelled from Cabul to Teheran. It is also raging at Bombay.—Mr. Grand says that Berlin contains 10,000 persons sick with diseases produced by their vices; 10,000 prostitutes, and 2000 illegitimate children are born there annually.—Dr. Wm. H. Watkins, of Howard District, Md., has been elected lieutenant of a troop of horse—volunteer service, it is presumed.—Stockton's Dental Intelligencer is improving exceedingly.—Another college of dental surgery has been opened at Cincinnati, with a board of six professors, in a new edifice just completed. The lecture term opens the first Monday in Nov. That is the way to have good and trustworthy operators.—At Puerto Principe, Cuba, there has been considerable intermittent fever, besides the vomito prieto.—In the month of May 275 cases of yellow fever entered the military hospital, and 53 the first fifteen days of June.—A man lately died in Pennsylvania in consequence of being stung in the nostril by an insect.—A new chalybeate spring has been found at Ann Arbor, Michigan.—Samuel R. House, M.D., sailed from New York for Siam, to join the missionary service.—Dr. Tompkins, of Virginia, has been fighting a duel.

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TO CORRESPONDENTS.—Dr. Atkinson's Case of Inversion of the Uterus, Dr. Sugg's Case of Bright's Kidney, and Dr. Gushee's Case of Excision of the Omentum, are on file for early publication.

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MARRIED,—Dr. Wm. H. Bartlett, of Green Township, Ohio, to Miss M. Winter.

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DIED,—At Springfield, Mass., Dr. Geo. Frost, 46.—At Brooklyn, N. Y., Samuel T. Smith, M.D., 31.—Murdered, near Riddle's Mill, Boon Co., Ky., Dr. Henry F. B. Childress.

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*Report of Deaths in Boston*—for the week ending Aug. 1st, 91.—Males, 46, females, 45. Stillborn, 9. Of consumption, 10—cholera morbus, 2—dysentery, 4—disease of the bowels, 20—cholera infantum, 8—slow fever, 1—intemperance, 2—infantile, 4—lung fever, 1—mortification, 1—brain fever, 1—scarlet fever, 1—marasmus, 3—tumor, 1—debility, 1—measles, 3—dropsy on the brain, 4—childbed, 1—disease of the heart, 2—old age, 1—diarrhea, 1—croup, 1—gravel, 1—disease of the lungs, 1—teething, 1—convulsions, 1—inflammation of the bowels, 2—apoplexy, 1—hooping cough, 1—accidental, 2—typhus fever, 3—paralysis, 1—disease of the liver, 1—cancer, 1—canker, 1—unknown, 1.

Under 5 years, 50—between 5 and 20 years, 10—between 20 and 40 years, 17—between 40 and 60 years, 6—over 60 years, 8.



*Employment as a Cause of Scrofula.*—In considering this question, Mr. Phillips devotes his principal attention to the litigated question of the influence of factory labor in developing scrofula. He has secured several valuable and extensive statistical returns from the manufacturing districts; the substance of which we subjoin in his own words:

"In Leeds, Dr. T. Smith very kindly examined, at my request, 1095 children, employed in different factories, and examined 548 children of the same class, not employed in factories. The result is, that those not employed in factories exhibited marks of scrofula in 8 per cent. more instances than those whose days are spent in such establishments. In Manchester and other great manufacturing towns, a similar result has been obtained by examinations made at my request, and on so large a scale that there is every reason to feel confident in the opinion already expressed. Again, from his dispensary practice, Dr. Smith has made me the following report:—"Of 916 persons, between 7 and 14, the children of factory operatives, but not themselves employed in factories, 365, or 39 per cent., had enlarged glands, and 75, or 8 per cent., had scars resulting from scrofula. Of 567 persons, all under 21, and employed in factories, 124, or 22 per cent., had scrofulous scars."

"Mr. Poyser, the intelligent surgeon of Winksworth, kindly examined for me the people employed in Mr. Arkwright's mills, and the following are the results which he communicated:—"Persons examined, 798; total number having marks of scrofula, 29."

..... "I have obtained, through the kindness of Messrs. Horner and Saunders, the results of the examination of 6754 factory children, from which it appears that marks of scrofula were found in only 905 instances, or only 13½ per cent. The returns of Mr. Fereday, Mr. Davis, and that of other friends, who have kindly made a comparative examination of a large number of children, exhibit similar results; and they leave no doubt on my mind that children employed in factories are more free from scrofula than the average of children in England and Wales."—*British and Foreign Medical Review*.

#### UNIVERSITY OF THE STATE OF NEW YORK—COLLEGE OF PHYSICIANS AND SURGEONS.

FORTIETH SESSION.

THE Annual Course of Lectures in the College will be commenced on Monday, 2d November, 1846, and continued until 1st March, 1847.

ALEXANDER H. STEVENS, M.D., President of the College, and Emeritus Prof. of Clin. Surgery.

JOSEPH MATHER SMITH, M.D., Prof. of the Theory and Practice of Medicine and Clin. Medicine.

JOHN B. BECK, M.D., Prof. of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., LL.D., Prof. of Chemistry and Botany.

ROBERT WATTS, jr. M.D., Prof. of Anatomy and Physiology.

WILLARD PARKER, M.D., Prof. of the Principles and Practice of Surgery and Surgical Anatomy.

CHANDLER R. GILMAN, M.D., Prof. of Obstetrics and the Diseases of Women and Children.

GUSTAVUS A. SABINE, M.D., Demonstrator of Anatomy.

*Fees.*—Matriculation Fee, \$5. Fees for the full Course of Lectures, \$91. Demonstrator's Ticket, \$5. Graduation Fee, \$25. Board, average \$3 per week.

Clinical Instruction is given at the New York Hospital daily, by the medical officers (Prof. Smith being one of them), fee \$3 per annum; at the Eye Infirmary, without fee; and about 1000 patients are annually exhibited to the class, in the College Clinique. Obstetrical cases and anatomical material are abundantly furnished through the respective departments.

The Annual Commencement is held on the second Thursday in March: there is also a semi-annual examination in September. The requisites for graduation are, 21 years of age; three years of study, including two full Course of Lectures, the last of which must have been attended in this College; and the presentation of a Thesis on some subject connected with Medical Science.

During the month of October, a Course of Lectures will be delivered on the following subjects:

Hygiene, - - - - -	by Professor SMITH.
Comparative Anatomy, - - - - -	Professor WATTS.
Venercal Diseases, - - - - -	Professor PARKER.
Diseases of the Os and Cervix Uteri, - - - - -	Professor GILMAN.

This Course will be free to the Matriculated Students of the College.

College of Physicians and Surgeons, }  
67 Crosby Street, New York. }

July 22—eptSleepN1

R. WATTS, Jr., M.D.

Sec'y to the Faculty.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXV.      WEDNESDAY, AUGUST 12, 1846.

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No. 2.

## INVERSION OF THE UTERUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In perusing your monthly series for June, I observe a case of inverted uterus, reported by Dr. Fisher, of Waynesville, Ohio, which you credit to the Illinois Medical and Surgical Journal. As you have brought the subject before your readers, I am induced to send you the history of a case which fell into my hands in 1842, not so much on account of its successful termination, as to disprove a generally-adopted opinion that a *complete inversion cannot* be restored, and *should not* be attempted after a very few hours' standing. It is at your disposal.

Wednesday morning, Nov. 23d, I was called into an adjoining town to attend upon Mrs. ———, an intelligent lady, aged 30, in travail with her fourth child. Was informed, on arrival, at 6 o'clock, that labor commenced about 4, by the spontaneous bursting of the membranes—that pains immediately followed and were progressing. On examination per vaginam, the head was found low in the pelvis, presentation natural, os uteri about half dilated, soft parts lax. Learned that her health during pregnancy had been good, with the exception of having carried her child very low, which she attributed to having been pressed in a crowd some months previously. Labor went on briskly till about 8, when she gave birth to a male child weighing 8½ lbs. About five minutes elapsed, when by the assistance of a hand on the abdomen the placenta came away without the slightest difficulty, attended with but little pain.

Patient was now cheerful, and acceded to the remark that she had passed through this labor much more easily than any previous one, which was true; and remained so, till everything being in readiness, she was raised and placed in a large chair (a practice common in this region, but not justifiable) for the purpose of adjusting her bed, and making a change of linen. Immediately upon being seated, she remarked that she was fainting, which was obvious, and thereupon she was placed in a recumbent position and as quickly as possible re-placed in bed. As soon as consciousness was restored, a severe pain occurred, attended with an immoderate flooding. Others followed, accompanied with the same unpleasant symptom. It did not occur to me at the time that I had anything more to contend with than a severe form of after-pains with their accompaniments. The usual precautionary measures were taken, and remedies prescribed, to be varied as circumstances indicated. I remained

a short time, and thinking her more comfortable, gave further directions to her nurse, and left her. I saw her again next morning (Thursday), when I was informed her pains continued unusually severe, attended with more than ordinary flooding, cold extremities and partial faintings, till late in the evening, when all unpleasant symptoms subsided; that although she did not get much sleep, she had been about as comfortable since, as usual the first night subsequent to her confinements, and just previous to my visit had been up in her chair and had a change of bed and linen, without inconvenience. She now was bright and cheerful, and to all appearance as comfortable as was represented, with the exception of an unusual paleness and feeble pulse, indicating much loss of blood.

I did not hear from her again till Friday afternoon, 5 o'clock, when I was summoned by her husband on account of "a difficulty in making water." I immediately visited her, and found she had passed urine but twice since last visit, and then while lying on her back; that when attempting it in the erect posture there seemed to be an obstruction in the way which prevented; that this was known to have existed previously to my visit on Thursday morning, but was not thought of sufficient importance to mention. Found pulse frequent, abdomen tumid, countenance anxious, skin dry and hot, with considerable thirst.

In attempting an examination per vaginam, the finger encountered a firm resisting substance, imparting a rough, fungous or spongy feel, occupying nearly the whole vagina. At first I was at a loss to determine what I encountered, as I had never before had any practical experience of the kind. I was prepared, however, to expect the worst, and after examining its most depending part, I pressed my hand into the vagina and carried it up along the surface of this substance till I reached the upper part, from which it hung by a small neck. That I might not be mistaken in my diagnosis, I partially withdrew my hand and again minutely examined the fundus and body of the substance, and again raised it to its neck and the broad, smooth surface from which it was suspended. The first impression given to my mind in regard to shape, was the common olive-oil flask, in size a little larger. The mouth of this tumor was not to be found. It was evidently looking upwards into the abdomen, and my patient's situation was not to be mistaken. The fundus, body, neck and mouth of the uterus were completely inverted.

What was to be done? It was now fifty-seven hours subsequent to delivery. Should I abandon her with the bare hope that she might survive, like the "solitary case" reported by Dr. Dewees? or with the more probable expectation that she would linger out a short and miserable existence, and then fall into an untimely grave? Or should I try, against hope and my preconceived notions, and the experience of many of my professional brethren, and the declared opinions of writers on midwifery that a complete inversion of a few hours' standing could not be reduced, to reduce it? Agreeably to my motto never to "give over" a patient while a gleam of hope remains, I determined to try and effect a reduction, although I could not reasonably expect to succeed.

With this in view, I grasped the inverted fundus firmly, and pressed



steadily for several minutes for the purpose of diminishing its size as much as possible by relieving it of blood; and then carried my hand up along the body and compressed this part of the organ in like manner, and also the neck. I then withdrew my hand sufficiently to place my knuckles in the centre of its most depending part, when I pressed upwards in the axis of the body and neck, and before I relaxed my efforts found them considerably imbedded in the substance of the tumor. I however desisted, and again went through with the manipulations of compressing the fundus, body and neck, as before. I now withdrew my hand so as to place my extended fingers at the apex of the fundus, when I urged them upward and was satisfied that the neck was more yielding and my efforts not unavailing. In this way I persevered, varying according to indications, for about one hour, when the fundus and body retired within the neck, which I followed with the index and middle fingers, when the mouth seemed to yield, and the whole organ took its normal position as if by suction.

My patient, with a seeming determination to live, endured the operation with heroic fortitude. No blood of consequence was lost. She was now replaced in bed upon her back, pillows prohibited, thighs closed, foot of the bed raised, diluted alcohol upon the abdomen, and the strictest rest enjoined.

Neither hemorrhage, faintings or pains followed, with the exception of slight pains in the side just above the right ilium, which recurred at intervals for a considerable time upon extra exertion. Milk was slightly secreted about the fourth day, child nursed, a slight mucous discharge from the vagina was kept up, moderately tinged and rather offensive, accompanied with hot skin, coated tongue, and accelerated pulse, for nearly four weeks. During this time she was confined strictly to her bed, and a rigid diet observed, with slight medication, after which she gradually recovered, and has since enjoyed very good health. Catamenia regular after weaning her child. She has not since been pregnant.

*West Amesbury, July 20, 1846.*

Yours, truly,

BENJ. ATKINSON.

#### CASE OF BRIGHT'S KIDNEY—VALUE OF ELATERIUM AS A REMEDIAL AGENT IN DROPSICAL AFFECTIONS.

[Communicated for the Boston Medical and Surgical Journal.]

MARY RISINGER, aged 45, slim form, sanguine temperament, florid complexion. Born in England, but removed early in life to Upper Canada, became the wife of a butcher, and assisted her husband in his avocation, by attending with him the markets, in that inclement climate, at all seasons of the year. Left Canada in 1837, and came to this city, where she has resided ever since. Had been always healthy until 1840, when she had a severe attack of hepatitis, since which she has been subject to pains in the lumbar region. I was called to see her on the 12th of June last. She had previously been under treatment of two physicians in this

city for three months, who pronounced her case to be *hydrothorax*, with *pericarditis*, for which she was bled, copiously, and put under a rigid course of antiphlogistics. On my first visit, I found the patient bolstered up in an arm-chair, and suffering great pain from enormous anasarca and ascites. Severe dyspnoea—the anasarcaous limbs extremely sensitive and painful to the touch—blotches of discolored cuticle, extending as high as the knee, and the skin so tense as to threaten instant abrasion. Countenance anxious and Hippocratically expressive. Pulse 78, full and sharp. The pain being more severe in the legs and feet, I ordered them to be immersed in salt and water at a temperature of 160° Fab., and the temperature to be sustained for half an hour. R. Morph. sulph., gr. ss. stat. sumend. In about two hours the pain in the limbs had somewhat abated. I bandaged them firmly from the toes to some distance above the knee, had them placed in a chair on a pillow. About 1 o'clock, A. M., she was able to assume a horizontal position (a thing she had not done for three weeks), and obtained some sleep towards morning, the pain in her limbs entirely subsiding.

June 13th.—On my visiting her this morning, she expressed herself “much better.” The bandages were slackened, and the tenseness of the skin considerably lessened. Abdomen much enlarged, and on percussion demonstrated a large amount of fluid in that viscera. Complained of a “shooting” pain over the region of the right kidney, and on examination I found it very sensitive on the slightest pressure. However, as the anasarca and abdominal effusions were the most prominent affections, I determined to put my patient under a course of elaterium. R. Ext. elat., gr. ij.; scillæ pulv., ʒj. Divide in pulv. iv. Cap. j. quat. quaq. hora.

14th.—Passed a good night. Voided three very copious and watery stools, of a foetid character, but had slept well during the intervals. On administering the last powder it was ejected by emesis, with a considerable quantity of pea-green bile. Pulse 73, soft and compressible. Countenance improved, but complains of nausea and occasional vomiting. Omit the elaterium at present. Diet, arrow root, sago or tapioca.

15th. 8, A. M.—Pulse 74, with some sharpness. Passed three liquid stools during the night. Still complains of nausea and vomiting. On measuring the circumference of the abdomen, I found it had lessened three inches and a half. Anasarca much less. Skin more natural in color, and a gentle diaphoresis pervades the whole body. R. Ext. elat., gr. ij.; morph. acet., gr. ss. Divide in pulv. vj. Cap. i., ter quaq. hora.

16th.—Rested well. Vomiting ceased. Abdomen decreased six and a half inches. Continued the elat.

17th.—Pulse 76, small and irritable. Four copious watery stools since yesterday. Anasarca trifling, except the ankles. Continue bandaging night and morning. Complains of “shooting” pains in the right kidney. R. Spt. eth. nit., ʒij.; tinct. opii, ʒj.; tinct. digitalis, ʒij.; aqua, ʒij. Cap. coch. parv. j. ter quaq. hora. The anasarca and ascites having in a great measure subsided, my attention was drawn to the renal organs, and particularly the right one, of which she complained the

most, and from constitutional symptoms (of which Dr. Prout makes mention) I concluded this to be a case of "Bright's kidney," or granular derangement of that organ (called, I think, by Prout, anæmotrophy). In order to develop the correctness of my diagnosis, I requested the nurse to obtain some of the patient's urine and send to my office. Happening to have a professional call, I was prevented from testing the urine until the next morning, and although the urine was pale and clear when I first saw it, I found, on looking at the bottom of the phial, a thin crust of a yellowish precipitate. I poured one ounce of the urine into a glass tube, and applied to it a spirit lamp until its temperature became 160° Fahr.; white clouds began to rise, and the urine had a milky appearance. On increasing the heat to 212°, large arborescent flakes of albumen began to float from the bottom of the tube to the surface of the fluid, and were gradually precipitated, leaving the supernatant liquid perfectly colorless. The quantity of albumen was rather more than one third of its volume. This test I considered very strong presumptive evidence of the peculiar character of the disease.

17th.—This morning Dr. Amzi Martin, of this city, was called in consultation, and his opinion entirely coincided with my own as to the diseased kidney, being a granular degeneration of that organ. R. Tinct. digitalis, ʒ ij.; camphoræ, ʒ ss.; ovel. vit., j.; aqua, ʒ ij. Ft. tinctus. Cap. coch. parv. i. secund. quaq. hora.

18th.—Slept well; pulse 68; no pain in back or region of the kidney. Diet, arrow root in milk.

19th.—Sent for early this morning. Found my patient vomiting bilious matter. Considerable arterial excitement; carotids beating violently. Stools thin and of a dirty white color, having flocculi floating on the surface. From these symptoms, I concluded that the liver as well as the kidneys was organically deranged. R. Hyd. sub., gr. xv.; pulv. ipecac. c., gr. xij. Ft. pulv. ij. Cap. i. sec. quaq. hora. In four hours the vomiting ceased, pain gone, carotids quiescent, and "*tout-en-semble*" of my patient improved. R. Ol. ricini, ʒ jss. Cap. hora somni.

20th.—Much better this morning. Passed several very black and fætid stools during the night. Says "she is better, and feels better than for a month previously."

21st.—Much the same as yesterday. *Abdomen normal, anasarca entirely subsided.* Skin rather harsh and dry. R. Liq. ammon. acet., ʒ ij.; mist. camph., ʒ iv. Cap. coch. amp. i. ter quaq. hora. 8 o'clock, P. M.—Skin moist, considerable diaphoresis about the head and neck. Slept three hours to-day, and expresses herself much refreshed.

22d.—Complains of her mouth being sore; slightly pytalized. Two stools, with some blood intermixed. Complains of numbness of the leg and thigh. Has some tenesmus and pain in region of rectum. R. Starch injection, and a suppository of opii gave great relief.

23d.—Same as yesterday; apparently convalescing. Pulse 70, soft, but occasionally intermittent.

24th.—I was sent for at 2, A. M., in great haste, with the astounding intelligence that my patient was dying. On entering the bed-chamber I



was forcibly struck with the rapid change that had taken place in a few hours. Countenance anxious, great dyspnœa, vomiting pale-green bile in considerable quantities, severe pain round the umbilicus to the right kidney, occasional subsultus tendinum. R. Acet. morph., ss., stat. sumend. Pain subsided in half an hour, and she fell asleep.

25th.—Complains of no pain, but is roused with difficulty. Pulse 78, small and intermittent. I fear coma is about to take place. Extremities cold. R. Ammon. carb., gr. xx.; camphora, gr. x. Divide in pulv. iv. Cap. i. ter quaq. hora.

26th.—Profound coma. Stools normal, but fœtid; perfectly conscious of surrounding scenes. Made a distribution of some property. Occasionally severe sub. tend.

27th.—Continues the same, and is evidently fast sinking. Much difficulty of deglutition. Pain extending from the umbilicus to the right spinal region.

28th.—Lies prostrate on her back. Stools normal, passed in bed. Retained her mental powers until the last moment, and expired at 2 o'clock, P. M.

*Autopsy*, five hours after death. Present, Drs. Sugg and Martin. Cavity of cranium not examined. Thoracic cavity—lungs normal, with the exception of some slight adhesions on the pleural side. Heart was generally softened, and the valves in particular. Liver lobulated and indurated throughout its whole extent. Part of the inferior lateral lobe has been destroyed by previous inflammation. Several extensive cicatrices were visible, and many points of suppuration existed throughout its whole anterior surface. Spleen atrophied and indurated. Kidneys anæmotrophied and indurated. In the cortical substance extensive granulated points, effusing, on being cut, a slightly-tinged yellow fluid. Some hydatid cysts were seen also in both kidneys, and several sacs in which hydatids were supposed to have existed. Uterus. This organ was rather smaller than natural. Several tumors were found in different parts of the womb, and, to the feel, of a strong hardness. The *right* ovary contained an osseous deposit, about the size of a hazel nut. In this osseous part was a cavity, containing a dark grumous fluid. The left ovary was much enlarged and hardened, and contained a large cyst filled with a white limpid fluid. The os tincæ was almost entirely closed, the orifice not being larger than would admit the point of a pin. The whole uterus bore evident marks of incipient cancer. No other abnormal appearances observed.

E. C. Sugg, M.D.

*Louisville, Ky., July 27th, 1846.*

#### RETROCESSION AND SUBSEQUENT APPEARANCE OF THE ERUPTION IN RUBEOLA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I wish to make an inquiry, through the medium of your Journal, respecting an anomaly which has lately taken place in this

village. I say anomaly, for so it appears to me, not having seen anything of the kind recorded.

We frequently hear of "remarkable things" happening in the sick chamber, under the observation of the wise and knowing *grannies* of the day. Viewed through their spectacles, disease cuts up peculiar freaks, and often departs in its course from long-established laws. Such things we are willing to admit, under the head of "old woman's whims," for nothing is too absurd to be rejected from that catalogue. But when we hear of anything of pathological interest, which has not been noticed, or at least described, by writers from time immemorial, going forth clothed with professional authority, it ought to be reported and discussed, that the facts of the case (if they are *facts*) may be brought before the profession, and in future noticed by authors, for the benefit at least of those who are pursuing the study of medicine.

The statement of the case is substantially as follows. A young man, about the age of 20, was attacked in the month of March last, and to all appearance, as noticed by the attending physician, had a "regular run" of the measles. The contagious disease in question had its period of incubation, its acme, its decline; and the patient recovered, without any one supposing at that time that there had been a retrocession of the eruption. But on the 14th of July he was again attacked with what the physician *then* called dysentery. The patient suffered considerable abdominal pain; there was tenderness in the umbilical and left iliac regions; the desire to defecate was urgent and frequent, with sanguineous, mucous discharges and tenesmus. These symptoms were combated with the usual remedies for such cases, and with success in relieving the distressing symptoms. But still the disease proved obstinate, and about the 22d, the vital powers began to flag in the performance of their functions, but by the use of appropriate stimulants and nourishment he was kept along, growing weaker from day to day, until the 27th, when an eruption appeared, resembling (I am told, for I did not see the patient at this stage of the disease), the efflorescence of rubeola. It continued two or three days, and disappeared without seeming to affect the patient either way, as he lay in the same low state a day or two, but now shows some signs of amendment. The physician now has hopes of his recovery, and attributes the favorable turn of the disease to the fact that the "measles have come out." His opinion is, that when the patient had the measles, four months before this last sickness, at some period, unobserved, of course, by the attendants, and unfortunately for the poor patient, the "measles struck in," and, strange to say, the patient recovered. And now it seems that this mutable disease, having determined to remain no longer quiescent, embodied in material substance, "comes out" to harass the patient with the remainder of its course. Whether it is now all *out*, and the system sufficiently purged, or whether it has not a second time "struck in," to annoy hereafter, time and future events must determine.

Other similar cases have also lately occurred. Have others, among the many readers of your valuable Journal, met with the same phenomenon? or is it more probable that the nature of the case cited above

has been mistaken, and that the eruption appeared from debility or from some other cause?

These inquiries proceed from no acrimonious spirit, but from a desire to obtain information and elicit truth.

H. B. WHITE.

*South Orange, Aug. 3d, 1846.*

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## VASCULAR DISEASE OF THE SCROTUM—EMPHYEMA—CANCER OF THE PENIS.

[Communicated for the Boston Medical and Surgical Journal.]

A MIDDLE-AGED man, during violent exertions, was seized with profuse hemorrhage from the dependent surface of the scrotum. Similar bleedings recurred at short intervals; the blood was poured out in a large stream, and was finally restrained by including the open vessel in a ligature. I was then associated with his physician, Dr. Carpenter, in the subsequent management of the case.

The left division of the scrotum was elongated and formed a globular tumor as large as an orange, but it did not involve the wasted testicle or its appendages. It was solid, had a knotty, fibrous feel, and appeared to be formed of a congeries of inelastic vessels. Its color was rosy red; it was entirely circumscribed, neither involving the parts on the right of the septum nor the superior portion of the scrotum by which it was suspended. When at rest, a powerful pulsating movement was communicated to it by numerous large arteries coming from above, each beating with a force exceeding that of the wrist. Moderate pressure caused little pain and no diminution of size. We were told that the morbid growth began in the patient's fourth year, thenceforward increasing slowly, giving little trouble, and receiving no treatment whatever. But the bursting of the vessels and the difficulty of suppressing the excessive hemorrhage was a source of alarm.

Under the circumstances, it was judged by Dr. Carpenter and myself that the proper remedy was excision, and to this measure the patient assented. The cut was made by pushing the knife through the elongated integuments, and carrying it both outward and inward, thus forming a double flap. Six or eight arteries bled profusely and required ligature. The flaps joined neatly, but before closing the wound, it was thought best to remove the remnant of testicle. Complete union quickly succeeded.

Upon cutting up the diseased mass, it was found to be a tissue of distended vessels, terminating in sinuses which would admit the handle of the scalpel. The multiplied vessels were therefore intimately reticulated and bound into a mass by fibrous, or, more properly speaking, cartilaginous tissue, which cut with a gritty sound. In the larger cavities were found many points of ossification, some three or four lines in diameter, solid bone. There were no signs of ulceration or tubercular disorganization. The disease was non-malignant and should, I think, be regarded as of congenital origin, partaking the character of congenital aneurism. The tumor weighed eight ounces.



*Empyema.*—A young man of tubercular diathesis was attacked with pleurisy of the left side in May, 1845, which ran into chronic inflammation, and this induced difficulties of an aggravated character. I saw him for the first time in September following. He was emaciated, his countenance was pale and anxious, lips puffy and livid, breathing quick and difficult, and he was harassed with incessant cough and expectoration. He could with difficulty only lie in a semi-recumbent posture upon the opposite side. The symmetry of the chest was gone, the left side being elevated and enlarged. Intercostal spaces were tense, and the hand applied to this side received no thrill from the patient's voice, and there was everywhere dull percussion. By listening at this side no vesicular murmur could be heard, but it was discovered that the heart was pushed completely over to the opposite side, where the functional movements were greatly embarrassed.

In conversation with his physicians, Dr. Deane and Dr. Puffer, we agreed in pronouncing upon the presence of a vast puriform accumulation in the pleural cavity of the left side. Acting upon this opinion, the space between (and near the angles of) the eighth and ninth ribs was selected, and the costal pleura exposed by a free incision, and then tapped with a trochar. A full stream of inodorous pus followed this movement, with happy relief to the patient's breathing. The canula (being stopped) was left in the wound, and during a few days the enormous amount of eight pints of pure pus was withdrawn. In the subsequent treatment air was permitted to enter the cavity of the chest by the tube, when suppuration soon ceased altogether, and the side collapsed. For several months the amendment of the patient's health was flattering, leading to the expectation of ultimate recovery. But the bursting out of the abscess through the original wound, has disappointed this hope, and I am informed that the condition of the young man is still precarious.

*Cancer of the Penis.*—An elderly gentleman applied to me for advice concerning a diseased state of the penis, which upon inspection proved to be cancerous. The substance of the glans was enlarged, ragged, turned out, and separated into deep fissures, through which urine dribbled. The orifice of the urethra was obliterated, and the passage of urine effected with difficulty and pain, while the desire to void it was constant. There was an offensive discharge of thin secretions. Except the glans and urethra, the other structures appeared sound, but in a retracted state. The disease began four years previous, with balanitis, but ignorant of the danger, which daily became greater, and concealing his malady, the patient endured a great amount of suffering, and permitted it to become malignant, and finally to destroy him.

I could not determine the presence of constitutional infection, but believed that such was not the fact; accordingly I amputated the organ, as nearly to its attachment to the pubis as possible, by a single stroke. A canula was fixed into the orifice of the divided urethra, and the wound healed slowly but favorably. But the patient's health, which for a few months was much improved, again began to fail. An enormous swelling (the patient was corpulent) in the right groin and contiguous parts, with

induration and enlargement of the spermatic cord, supervened, discharging at first pus from several fistulous openings. It increased rapidly in extent, became malignant, and carried off the patient nine months after the excision of the penis.

JAMES DEANE.

Greenfield, Aug. 3d, 1846.

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MM. ROUX AND BLANDIN, OF PARIS.

[PROF. E. BARTLETT, of the Transylvania University, in a letter to the Editor of the Western Lancet, gives the following brief sketches of the two chief surgeons of the Hotel Dieu, in Paris.]

A neat and convenient, but unpretending, close carriage, with a single horse, has just stopped at the entrance; and now let us join the throng of students who are crowding through this door on the right hand, under the portrait of Dupuytren, and opening into the ward of St. Martin. This ward is a long room, bending a little to the sweep of the river, the windows on one side looking out upon a garden now green with the open spring, the stately horse-chesnut and the fragrant lilac just opening their blossoms to the dewy morn. The roof of the room is a double arch, and it is sufficiently wide for three rows of beds, each with its iron frame and its linen curtains—nearly eighty in all—and every one occupied by a patient. The floor, like French floors generally, is a sort of cabinet work of small blocks of hard wood, always kept nicely waxed and polished. In different parts of the room are three or four sisters of charity—everywhere ministers of mercy to the sick and suffering—with their kind and happy faces, and their neat costume, with a large bunch of keys, and their beads and cross hanging from their girdles. Near the upper end of the room, on castors, stands a table with several compartments, for bandages, ointments, and so on, required for dressings. A sister of charity stands by it preparing lint. The surgeon has put on his white linen apron, and a small embroidered velvet cap, called over the names of his *internes*, and squeezing himself in among the students who are crowded closely round the first bed, he stands by the side of his patient. He is above the average height, erect, and rather stoutly built, and looks about 60 years old. He wears a plain black dress and black satin stock. His head is large and well shaped, his hair is thin and nearly white, and the crown of his head almost bald. His features are thick and heavy—especially his lips and nose—the farthest in the world from what romance writers and poetasters call *chiselled*—but they are full of animation and vivacity. His eye-brows are gray and shaggy, and his eyes in such constant and rapid motion, that it is no easy matter to make out their color and expression. A friend said to me, the other day, that both his eyes were slightly divergent, first one and then the other—a very convenient arrangement, he added, as it was their only means of obtaining a little rest. Their color is a very light gray, or blue, almost white. He has the large, soft, smooth, clumpy hand—so common here, that it may well be called the French hand. He speaks with great rapidity, and is under-

stood by foreigners with difficulty—all his motions are quick, earnest, and unaffected. The patient in the bed before us is a fine lad, on whom the surgeon had operated a few days before for stone. I need not ask you to watch his beautiful manner towards his little patient, so full of genial and affectionate kindness. Through all his after life will that boy cherish the remembrance of this kindness—the pappings on his face and the kisses on his cheek—softening the terrible memory of the hospital and the operating room, with their inevitable but frightful array of instruments and spectators. This is Roux. Students say to me that the medical men at the Hotel Dieu are rough towards their patients. I have never seen anything of it—certainly not in Roux. I was particularly struck, last summer, with his manner towards a poor woman, on whom he was to operate that morning for an extensive laceration of the perineum. Nothing could be kinder or more gentle. The patient was feeble, timid and full of apprehension. Roux said, “*Come, come, I will tell you frankly, the operation will be painful, but still you will be able to support it: have patience—have courage, and be resigned.*” Nearly the same scene was repeated, when she came into the amphitheatre, and was placed on the operating table. Roux kissed her cheek, smoothed back the hair from her pale forehead, and did all that could be done to animate her faltering courage with words of encouragement and hope. When I was a student in Paris, twenty years ago, Roux was the second surgeon at La Charité; his father-in-law, the veteran Boyer, being surgeon in chief. The surgeons at the Hotel Dieu then, were Dupuytren, Breschet and Sanson, all since dead. Roux is now surgeon in chief of the Hotel Dieu, and next in rank is Blandin. Three times a week they give, each of them, a clinical lecture, after the conclusion of their visits. Blandin is the favorite lecturer of the two. His enunciation is much more distinct than that of Roux, and his manner, as a teacher, altogether better. His lecture this morning was mostly upon erysipelas, and a very interesting and capital lecture it was. He says the cutaneous inflammation is only one element of the disease, and that it is almost always preceded by inflammation and engorgement of the lymphatic ganglia in the neighborhood of the erysipelas itself. He says the disease may almost always be arrested—*jugulated*, as the French say—by prompt and persevering treatment—leeching, sedative lotions, and so on—applied to the inflamed ganglia.

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#### CODE OF MEDICAL ETHICS.

[THE following Code of Medical Ethics was adopted by the Ohio Medical Convention in 1835, and at the meeting of the Convention the present year was ordered to be printed with the proceedings of the year.]

Rule 1. It is the duty of every medical practitioner to treat his patients with steadiness, tenderness and humanity, and to make due allowance for that mental weakness which usually accompanies bodily disease.



Secrecy and delicacy should be strictly observed in all cases in which they may seem to be particularly required.

2. The strictest observance of temperance cannot be too strongly inculcated in the minds of practitioners of medicine and surgery ; a clear and vigorous intellect and a steady hand being absolutely necessary to the successful practice of those branches of medical science.

3. Unfavorable prognostications should never be made in the presence of patients ; yet, should there seem to be immediate danger, it becomes the duty of the medical attendant to apprise the patient's friends of that circumstance.

4. In every instance in which one physician has been called on to visit the patient of another, a consultation with the former medical attendant should be proposed. Consultation in difficult cases should always be recommended ; and the physician called on for that purpose should always pay the greatest degree of respect to the practitioner first employed, and allow him the privilege of delivering all the directions agreed upon.

5. Special consultations are sometimes wished for : in such cases the physician called on should carefully guard against paying another visit, unless he should be requested to continue his services by the patient or some of his friends.

6. When one physician is called on to visit the patient of another in his absence, or during short indisposition, he should not manifest a wish to continue in attendance any longer than till the physician first called on should be able to resume the charge of the case, unless a continuance of his services should be expressly wished for by the patient or his friends.

7. Physicians should not visit their patients too frequently, lest seeing them oftener than necessary might produce unsteadiness in the treatment.

8. Theoretical discussions should not be too frequently indulged in consultations, as they frequently give rise to much perplexity, without any improvement in practice.

9. The junior physician in attendance should always deliver his opinion first ; the others according to seniority, and a majority should decide ; but in the event of a tie, the physician first in attendance should give the casting vote in regard to the future treatment, and to him should be entrusted the future management of the case, unless the patient or his relations should object to his being continued.

10. Although the possession of a diploma honorably acquired, furnishes presumptive evidence of professional ability, and entitles its possessor to pre-eminence in the profession, yet the want of it should not exclude practitioners of experience and sound judgment from the fellowship and respect of the regular graduate.

11. In consultation, punctuality in meeting at the same time should be strictly observed ; but the physician who first arrives, should wait a reasonable length of time for the arrival of others. A minute examination of the patient, however, should not take place until one or more of

the medical attendants are present, except in cases of emergency. All subsequent visits should, if practicable, be made by mutual agreement, and no medical discussion should take place in the presence of the patient.

12. Attendance on members of the profession or their families should always be gratuitous, but should not be officiously obtruded. Should the circumstances of the medical practitioner indisposed enable him to make a recompense for medical services rendered to himself, his wife or family, it is his duty to do so, especially if he reside at a distance.

13. When one medical practitioner is called on to visit a patient whose recovery has been despaired of by the physician first in attendance, and the disease should afterwards terminate fatally under his management, he should avoid insinuating to the friends of the deceased, that if he had been called on a day or a few hours sooner, he could have effected a cure. Such a course of conduct is reprehensible, and empirical in the extreme. And, in the event of the patient's recovery, such a person should not assume all the credit, as the cure might have been partly effected by the medicines prescribed before he took charge of the case.

14. The use of nostrums and quack medicines should be discouraged by the faculty, as degrading to the profession, injurious to health, and often destructive of life. Should patients laboring under chronic complaints obstinately determine to have recourse to them, a reasonable degree of indulgence should be allowed them by the physician; but it is his sacred duty to warn them of the fallacy of their expectations, the danger of the experiment, and the necessity of strict attention to the effect produced by them, in order that their bad effects, if any, should be timely obviated.

15. No physician should either by precept or example contribute to the circulation of a secret nostrum, whether it be his own invention, exclusive property, or that of another. For, if it be of real value, its concealment is inconsistent with beneficence and professional liberality; and if mystery alone give it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice.

16. In all cases where diversity of opinion and opposition of interest give rise to controversy or contention between two or more members of the profession, the decision should be referred to a sufficient number of physicians, as they are frequently the only persons in the community, capable of properly estimating the merits of the dispute. But neither the subject litigated, nor the decision thereon, should be communicated to the public, as individual reputation might suffer, and the reputation of the profession generally be injured.

17. A wealthy physician, or one retired from practice, should refuse to give gratuitous advice, unless the danger of the case (the absence of the practising physician) or the poverty of the patient, should warrant him in so doing. In all cases where he may be preferred, he should recommend a consultation with some one in active practice. This rule should be strictly observed, as a contrary course is gratuitously depriving active industry of its proper reward.

18. When a physician is called on suddenly to visit the patient of another, in consequence of some unexpected or alarming change in the symptoms, he should adopt a temporary plan of treatment, suited to present circumstances. He is not warranted in interfering afterwards, unless requested to take charge of the case, when he should propose an immediate consultation with the physician previously employed.

19. Physicians should never neglect an opportunity of fortifying and promoting the good resolutions of patients suffering under the bad effects of intemperate lives and vicious conduct ; and, in order that their counsels and remonstrances may have due weight, it will readily be seen that they should have full claim to that blameless life and high moral character which we have stated to be a pre-requisite to an honorable stand in the profession.

20. Medical men should "remember the Sabbath day to keep it holy ;" and visits should, as far as consistent with professional engagements, be made either before or after public worship, or during its intervals.

#### TREATMENT OF SMALLPOX BY IODINE.

By Samuel Jackson, M.D., of Philadelphia.

IN April, 1845, I was led to make an experiment of aborting smallpox by the tincture of iodine, from contemplating its wonderful influence over erysipelas. I applied it to one arm of a child 11 months old, in confluent smallpox, on the third day of the eruption, and to the arm which appeared the worst, rubbing it freely on with a sponge three times that day and twice the next. On the 11th day, when the pocks over the whole body were at their height, elevated with hard bases, those of the medicated arm were entirely flat, with thin, purulent matter under the dead cuticle, without any swelling of the part. In this state was the disease when I showed the case to Drs. Bond and Nancrede, who agreed with me that there was a complete abortion. There are, however, some very slight pits now to be seen, but they are very inconsiderable when compared with those on the other arm.

I have not had an opportunity of repeating the experiment, for during the late epidemic I saw nothing but varioloid, and that so slight that no trial could be made. I mentioned the child's case to a number of physicians, but I do not know that any of them tried the medicine, except Drs. Goddard and Sargent, whose written reports I send you.

Dr. Sargent used the iodine on one side of the face in 25 cases—"the swelling, soreness and tenderness were very much less than on the side not covered ; each pock remained flattened ; but I cannot say that it prevented pitting."

Dr. Goddard writes that he had tried the medicine in five cases—"not one of the patients shows the least pit or mark ; none of them had been vaccinated, and the disease was confluent in most of them."

Dr. Sargent's experiments are not as favorable as Dr. Goddard's and



my own—possibly from using a feebler medicine. That which I used was taken from my own closet, made by myself.

One advantage of this treatment is, that it removes the cuticle and leaves the part free from those disgusting discolorations which commonly remain for months.

It might be well to consider how far it would be prudent to extend the application over the body, in order to mitigate the disease, in malignant or even in severe cases. No fair trial can be had without applying it on the first day of the eruption and continuing it for several days, say five or six.

I have found the same medicine an admirable remedy in the irritable ulcer with an inflamed surface, and erysipelatoid margins. It soon kills the cuticle, and with this the whole inflammation disappears, when a little lunar caustic to the ulcer disposes it to granulate.—*Med. Examiner.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 12, 1846.

*Case of False Aneurism—Action for Malpractice.*—We find the following case reported in the last No. of the Western Journal of Medicine and Surgery. It is interesting on account of showing the possibility of a grave accident in bleeding, without any apparently very gross carelessness, and the liability of physicians to be called on for damages when accidents do occur. The case is reported by Dr. E. D. Foree, of New Castle, Ky.

“At the July Term (1844) of the Henry Circuit Court, New Castle, Ky., Hon. Judge Prior presiding, Boon Regland, through his attorneys, Wilson and Buckley, complained that Dr. Geohaghan had negligently, carelessly, or unskilfully wounded an artery at the bend of the right arm, which had caused a false aneurism, thereby producing to him much pain, long suffering, and a partial loss of the use of his arm, making it necessary for him to expend much money in procuring its restoration; upon which plea he claimed of defendant, in money, a fair remuneration for the injury.

“The defendant, Dr. Geohaghan, through his attorneys, Nuttall, Webb and McHenry, pleaded not guilty, whereupon the following proof was presented to the jury:

“Mr. Ferris, student of defendant, testified, that Dr. Geohaghan is a practising physician of this county; that about the 12th of last November the plaintiff came to defendant's office and asked witness if he could bleed, adding that his physician, Dr. Goslee, had directed him to lose blood. Witness replied that he could, but being engaged, defendant rose from the bed upon which he was resting, corded plaintiff's right arm, and bled him. The blood was venous in its appearance, and flowed in a large regular stream, without any jetting impetuosity; the orifice was dressed in the usual mode; the flow of blood was easily arrested; patient

complained of faintness, but of nothing else, and left defendant's office after the lapse of a few minutes. The second day afterwards he returned; the arm was now much swollen, and straw colored; plaintiff complained of its being very painful, whereupon a poultice was directed by defendant. A week or ten days subsequently, witness, at the request of defendant, went to plaintiff and solicited him not to submit to amputation, which he understood had been advised, proposing to take him to Dr. Dudley, in Lexington, to be treated by him, and to defray all expenses that might be incurred by the trip.

"Mr. Wells testified, that he accompanied plaintiff to defendant's office; saw the latter perform the venesection; thought defendant made the incision very hurriedly; used the thumb lancet; held it between the thumb and index finger; did not rest his hand upon plaintiff's arm.

"Mr. Scott affirmed, that he saw plaintiff about two hours after he was bled; he then complained of great feebleness, and of intense pain in the arm, which was considerably swollen about the elbow; saw patient frequently during his long confinement; saw him two or three days after he was bled, when his arm was excessively swollen, the tumor extending to the shoulder in one direction and to the fingers in the other. The limb was of a straw color and very painful. Witness told defendant that he was instructed by plaintiff to say to him, that he would freely forgive him the injury done if he would visit him (the plaintiff). Defendant did not comply with plaintiff's request.

"Dr. Goslee testified, that plaintiff called on him at his office in this town on the 22d November. Witness invited his friend, Dr. Owens, to see the case with him. Patient told him that ten day previously he had been bled; that the arm swelled very much a few hours afterwards, and was very painful; that the second day after the bleeding he had applied poultices, and had continued them until that time. The limb was excessively swollen and indurated throughout its whole length; was not very tender to the touch; of a straw color, not very painful, but quite hot; had at the wrist a very small, quivering and thread-like pulse. Witness could not make out a very satisfactory diagnosis, but thought it might be phlebitis; patient had come about eight miles on horseback to see him, and returned to his home the same day. He directed the patient to continue the poultices and wash the arm with a solution of sugar of lead. On the 24th of the same month he visited him at his father's house; found the limb not so much swollen, œdematous, and less painful; applied a bandage, which was directed to be kept wet with a solution of sugar of lead; gave a purgative.

"29th.—Visited him again; found the limb not so much swollen, and its surface cool. Directed rubefacient frictions, and the bandage to be continued.

"From that time until the 24th of the succeeding month he visited patient frequently; did not vary the treatment materially, and but little alteration occurred in the state of the limb. Meanwhile patient's general health rapidly declined. On unrolling the limb, Dec. 25th, coagulated blood passed out through the original orifice, where an ulcer had now made its appearance. Witness then became satisfied that it was aneurism, and sent patient to a surgeon in Louisville to be treated by an operation.

"Dr. Drane testified, that on the 26th of December plaintiff called

upon him, in Louisville, to examine his arm. Witness believed it to be aneurism caused by injury of the artery. On the following morning, assisted by Dr. Gross, he cut down and tied the brachial artery above and below a wound which they found in it, and afterwards pressed out through the incision twenty-five or thirty ounces of blood, which had been effused into the cellular tissue of the arm. The disorganization of the parts was so great that witness could not ascertain precisely the nature and extent of the opening in the artery, but, judging from the size of the stream of blood which jetted out, it must have been a large one. Patient was much emaciated, and so enfeebled that he could not stand or sit upright; had no pulse in radial artery; remained in the care of witness three months, when he was discharged nearly convalescent. The charges of witness and Dr. Gross for medical attendance on plaintiff were \$150; the other expenses incident to his stay in the city were not less than \$50. Dr. Drane, on being asked, said he believed defendant to be a well-informed physician, though he has no personal acquaintance with him; thinks such accidents must always occur as the result of carelessness, or unskillfulness; they have happened to distinguished surgeons, but never ought to occur; with care can always be avoided. A vein may be transfixed, and an artery wounded, and yet by a change of relative position of the two vessels the arterial bleeding not be manifest.

"Dr. Wright testified, that he had known defendant several years; believes him to be a good physician, and a dexterous surgical operator.

"After several able speeches by the attorneys, the case was submitted to the jury; after an absence of half an hour they brought in a verdict of \$275 for the plaintiff, which was confirmed by the Court."

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*Medical Society of Tennessee.*—Two months after the close of the last session, the transactions of the Tennessee Society have reached this latitude. On the 6th of May the members assembled at Nashville, and elected Dr. A. H. Buchanan President for the two coming years; Dr. C. K. Winston, Corresponding Secretary; and Dr. J. W. Stout, of Nashville (the residence of the President), Recording Secretary. An examination of the report of the Society's doings, does not bring to light quite as many striking acts of vigorous discipline, as have sometimes characterized the anniversary proceedings of the Society in past years. More lenity is shown towards delinquent committee men, and non-reporting Fellows, than in former times. Perhaps this is merely an evidence of the progress of brotherly love, and a forgiving spirit. There was a period when the roll was called, and if there was not a prompt response, a fine of two dollars was exacted. Dr. Avent, the orator selected for the present occasion, being indisposed, was excused. Dr. J. E. Manlove, of Davidson County, was appointed by the Chair to deliver an address at the next anniversary, in May, 1847.

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*South Carolina Medical College.*—An examination of the catalogue of this institution is very gratifying, as it reveals the fact that a powerful influence is exerted on the medical character of the sunny South, through the instrumentality of the medical school at Charleston. Two hundred and ten students were in attendance on the lectures, the last term—seven-



ty-four of whom were graduated. An essay on organogeny, by W. Mydleton Michel, of Charleston, gained the approbation of a select committee, and is to be published. Gentlemen pursuing medical studies at the North, whose constitutions are impaired by the severity of the winter, would gain both knowledge and health by passing the cold season in South Carolina, under a board of professors distinguished for their attainments, urbanity and kindness to strangers.

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*Uterine Adjuster.*—A new instrument, of novel construction, has been invented by Alexander Parsons, M.D., of Eastport, Me., which bears the above name. It is represented to give immediate relief in prolapsus uteri. Further, an accompanying card says, that being adapted to the anatomical arrangement of the parts, no disagreeable sensation follows its introduction, as ordinarily occurs in wearing pessaries. Of this, however, we only know what is announced in the circular. The workmanship is beautiful, the materials being silver and ivory, and therefore of an enduring character. Dr. Parsons has been about two years devoted to the construction of what he intends should be the best contrivance for relieving a great body of female sufferers, and he now fully believes that the object has been satisfactorily attained. A finely-finished specimen of the adjuster may be seen by calling on the editor, together with a part of one which has been used a considerable time, the object of which is to show its condition after service. We dare not undertake a description, from consciousness of an inability to convey a correct idea of the shape and general appearance. If Dr. Parsons has accomplished what he believes he has, he is a benefactor who will have a wide-spreading fame. The following are his own remarks:—

“The advantages of this over every form of pessary which I have yet used or seen, are as follows. 1st. There is no uncomfortable distension—for the bard and mouth-piece are intended to be no larger than the vagina. 2d. So far as my observation goes, it is worn with ease, and the subject is enabled to use exertion of any kind (I except, of course, those cases in which there is great tenderness of the parts, for then I am aware no instrument can be worn). 3d. They do not require the assistance of a physician after being once adjusted.”

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*Prize Essay in Tennessee.*—The Tennessee Medical Society last year offered a Prize of \$50 for the best essay on *scrofula*. Four essays were presented at the late meeting of the Society in Nashville, of which the one written by W. L. Sutton, M.D., of Georgetown, Ky., obtained the prize. Dr. S. was the writer of an essay last year, which obtained the prize offered by a lady for the best essay on the *health of clergymen*.

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*Dr. Samuel B. Woodward.*—When Dr. Woodward was about to retire from his official connection with the State Lunatic Hospital, and to remove to Northampton, a voluntary meeting of the citizens of Worcester was held (says the *Ægis* of that town), in which it was determined to take measures to procure his bust in marble, to be executed by a competent artist, to be deposited in the Hospital, at the expense of such citizens

as should be disposed to unite in contributions for that object, and a committee was chosen to accomplish the wishes of the meeting. The necessary funds have been raised, and Mr. J. C. King, of Boston, a distinguished sculptor, has been selected as the artist.

**Boylston Medical Prizes.**—The Boylston Medical Committee of Harvard University, at their annual meeting, last week, awarded prizes of the value of \$60 dollars, for the dissertation on two medical subjects previously propounded. On opening the sealed packets accompanying the successful dissertations, it was found that the authors were Drs. Henry G. Clark and Samuel Kneeland, Jr., both of this city.

**Scotch Vomit.**—A correspondent will please accept our acknowledgments for his favor, detailing the particulars in regard to the way the Scotch vomit is produced. As it is an obsolete remedy, and not likely to be revived in this age of refinement, we have no doubt that he will concur with us in the opinion that nothing will be lost to science by allowing the recipe to remain on file till some marked case demands its appearance.

**TO CORRESPONDENTS.**—Dr. Badgley's case of Apoplexy will be inserted next week.—A General Index of the most important articles in thirty-three published volumes of this Journal, kindly prepared by Dr. Swift, of Philadelphia, is in the hands of the printer, and will be forwarded to subscribers soon. Also the Title-page and Index of last volume.

**MARRIED.**—At St. Louis, Mo., Dr. W. M. McPheeters to Miss Pink—Dr. J. V. Prather to Miss Henrietta M. Booker—Dr. C. A. Pope to Miss Caroline O'Fallon; Professors in the Medical School of St. Louis University.

**DIED.**—Dr. W. Ferguson, of Liberia, on his way to England.—At Addison, Me., Dr. Elias Morton, 99, a native of Connecticut, a surgeon's mate in the revolutionary army, and a U. S. Pensioner.—At Schenectady, N. Y., Dr. Archibald Craig, 71.

**Report of Deaths in Boston**—for the week ending Aug. 8th, 92.—Males, 42, females, 50. Of consumption, 5—cholera infantum, 15—disease of the bowels, 23—dysentery, 4—cholera morbus, 3—paralysis, 1—dropsy on the brain, 4—convulsions, 3—infantile, 9—measles, 1—scarlet fever, 3—typhus fever, 7—brain fever, 1—lock-jaw, 1—teething, 1—marasmus, 2—canker, 1—ulcers, 1—old age, 2—disease of the heart, 1—smallpox, 1—intemperance, 1—inflammation of the bowels, 1—scrofula, 1.

Under 5 years, 65—between 5 and 20 years, 3—between 20 and 40 years, 20—between 40 and 60 years, 1—over 60 years, 3.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15 49". Elevation 483 ft.

July.	Therm.	Barometer.	Wind.	July.	Therm.	Barometer.	Wind.
1	from 65 to 66	from 29.36 to 29.41	N E	17	from 37 to 67	from 29.75 to 29.80	N E
2	62 83	29.23 29.33	N W	18	57 67	29.60 29.65	N E
3	62 81	29.45 29.50	N E	19	62 69	29.50 29.50	N E
4	58 82	29.32 29.40	S E	20	62 80	29.43 29.48	S W
5	69 82	29.13 29.32	S W	21	62 80	29.40 29.48	S W
6	67 87	29.14 29.17	S W	22	70 75	29.43 29.53	S W
7	65 85	29.19 29.20	N W	23	66 80	29.16 29.26	N W
8	60 83	29.23 29.25	N W	24	66 83	29.16 29.16	S W
9	62 82	29.22 29.24	N W	25	60 70	29.16 29.37	N E
10	66 92	29.27 29.30	S W	26	58 75	29.42 29.48	N E
11	73 92	29.30 29.32	S W	27	60 72	29.50 29.50	N E
12	72 80	29.19 29.23	N W	28	60 82	29.44 29.51	S W
13	66 79	29.24 29.30	N W	29	53 74	29.30 29.40	S W
14	63 76	29.28 29.29	N W	30	69 83	29.20 29.26	S W
15	56 76	29.30 29.45	N W	31	73 67	29.23 29.30	S W
16	50 72	29.54 29.69	N W				

Range of Thermometer, from 50° to 92°. Barometer, from 29.15 to 29.80. Rain, 3.81 inches.

*Personal Appearance of Mr. Lawrence and Mr. Liston.*—Dr. Yandell, now in London, gives the following description of the two great metropolitan surgeons, in the July No. of the Western Journal.

"Among the eminent medical men of London I have already had the pleasure of meeting Mr. Lawrence and Mr. Liston, the first of whom is surgeon to Bartholomew's and the other to the University Hospital. Mr. Lawrence is an elderly gentleman, of fine person, large head, and expansive forehead, and in blandness and courteousness of manners is a good specimen of the "fine old English gentleman." He visits the Hospital twice a week, and I shall make a point of being always present at his clinics. You rarely see so much size and physical strength combined with such rapidity of movement in the same person as you are struck with in Mr. Liston. As he moves about over the city he drives ahead like one putting out fire; and his walk is characteristic of the man, rapid and untiring. When in his carriage his horses go in a sweeping trot; when he alights from it he runs rather than walks; in the wards of the Hospital he glances at a patient and seems to perceive by intuition the nature of his disease and the remedy for it; he asks but few questions, makes a few remarks, enjoins simple and brief directions, and then moves on to another. His business at the Hospital despatched, he runs back to his carriage, and whirls away to attend to his large business. But with all this celerity of motion, he does nothing in a hurry; but whatever he undertakes he performs thoroughly and well. His organization is eminently a happy one. If he were a slothful man he would soon grow fat, and becoming so, would cease to exert himself sufficiently to maintain that prominent station which he now justly occupies among the surgeons of this great metropolis. He is a Scotchman by birth, nearly six feet high, of a Herculean frame, and still in the prime of philosophical life. He has performed the operation of lithotomy one hundred and forty times, and that of lithotripsy sixty times."

#### DENTAL INSTRUMENTS.

JOSEPH BURNETT, Apothecary, No. 33 Tremant Row, offers to the Profession a complete assortment of Dental Instruments, from the celebrated manufacturer, J. D. CHEVALIER, including EXTRACTING FORCEPS (*Flagg's Patterns*); IMPROVED TURNKEYS, ELEVATORS, PLUGGERS, SCALERS, EXCAVATORS, BURR'S DRILLS, GUM LANCETS, FILES, &c.

Also, BULL'S and ASHMEAD'S GOLD FOIL (sole agent in Boston for the above-named manufacturers); TIN FOIL, GOLD PLATE, WIRE AND SPRINGS, PLATINA DO., MINERAL TEETH, the largest assortment in New England, and all articles used in the *Surgical or Mechanical Department of Dentistry*, on the most favorable terms.

☐ Purchasers of GOLD FOIL are cautioned against imposition, as unprincipled Pedlars and Venders offer imitations of BULL'S Foil, very inferior in quality to the true article.

☐ Orders from the country, by mail or express, shall receive prompt attention.

Feb. 11.—tf

#### PROFESSOR CLEAVELAND'S OPINION OF KELLEY & CO.'S CONCENTRATED EXTRACT OF SARSAPARILLA.

Bowdoin College, May 6, 1846.

The Concentrated Extract of Sarsaparilla, prepared by Messrs. Jos. L. Kelley & Co., of Portland, Maine, is, in the opinion of the subscriber, an article of *great value and superior excellence*.

In this belief he is confirmed by comparing it with several other preparations of Sarsaparilla, and more particularly by knowing the process by which Kelley & Co.'s is made.

P. CLEAVELAND.

Manufactured and for sale, wholesale and retail, and for exportation, by JOS. L. KELLEY & CO., at 108 Middle Street, Portland, Me. Price 75 cents per bottle, or six bottles for \$4. SMITH & PERRY, Agents for Boston, 325 Washington Street.

June 10—2m

#### CHARITABLE INFIRMARY.

The Subscribers will attend to diseases of the poor, and where necessary, perform surgical operations gratuitously, at No. 1 Carver street, between 11 and 12 o'clock, on Mondays and Thursdays.

WINSLOW LEWIS, Jr. M.D.

S. CABOT, Jr. M.D.

March 18.—ep6m



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXV. WEDNESDAY, AUGUST 19, 1846.

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No. 3.

## CASES IN PRIVATE PRACTICE.

By Francis Badgley, M.D., Fellow of the Royal Medical and Chirurgical Society, London,  
and Lect. on the Principles and Practice of Medicine in the Incorporated  
School of Medicine and Surgery of Montreal.

[Communicated for the Boston Medical and Surgical Journal.]

I. *Case of Apoplexy, with fatal termination, from the injudicious administration of Fahlenstock's Vermifuge.*—Miss ———, æt. 9 years and 11 months, a beautiful child, of sanguine temperament, had always enjoyed perfectly good health. From appearances manifested for some days prior to her being subjected to the remedy, it was conceived that she was suffering from worms; she had, during the last summer, taken the same medicine under similar circumstances, with apparently good effect. Two bottles of the vermifuge had been administered in divided portions daily, for four days, she had been kept from animal food, and had taken no other medicines.

On Saturday, the 20th of June, she exhibited something peculiar in her manner, not distinctly comprehending, as it would seem, what was said to her, and mistaking one thing for another; but from the natural liveliness and playfulness of her character, this was not calculated to attract any particular notice.

At 5 o'clock, on the morning of Sunday, the 21st, her mother was aroused by her nurse informing her that Miss ——— was in great pain, screaming from its severity. The pain was complained of in the stomach, and from her having been kept on low diet, while she was taking the vermifuge, some wine was given to her with apparent relief. She almost immediately afterwards, however, fell into a state of stupor, which so much alarmed her parents, that they sent for a physician in the neighborhood. This gentleman, although not in civil practice, promptly and most kindly attended, and having learnt the history of the case, ordered sinapisms to be applied to the legs, stimulating frictions to the vertebral column, and an enema to be administered. He then took his leave, recommending the parents to send for their ordinary medical attendant, and offered, as his opinion, that the little patient would in all probability, in the course of a few hours, awake from her then lethargic state, as the effects of the remedy would, it was likely, by that time be exhausted. About noon she had so far recovered, apparently, from her state of insensibility, that she recognized her mother and father, embraced them, and

even masticated a morsel of bread that had been put into her mouth. She soon relapsed into the same comatose state in which she had been in the morning. I was sent for at half past 1, P. M. On entering her room, I found her in bed in a state of complete coma; no stertorous breathing, but occasionally a deep sigh; the pupils much dilated, with now and then very slight convulsive movements of the fingers; skin natural; no heat of head; features calm; face pale; occasional borborygmus; bowels confined; pulse 120, weak and fluctuating. I ordered fresh sinapisms to the feet and legs, and a long one from the nape of the neck to the last dorsal vertebra; hot fomentations to the chest and over the epigastrium, and bottles of hot water between her knees; burnt brandy was administered every ten minutes by the mouth, and an enema of castor oil and spt. turpentine was thrown into the intestines.

Feeling fully sensible of the perilous position of my little patient, I requested a consultation. Dr. Crawford met me. In addition to the counter-irritation already made, a mustard poultice was applied to the epigastrium, and a mixture of spts. æther sulph. and spts. ammon. aromat. given internally, alternately with the brandy. The enema was repeated.

She continued in much the same state until about 8, P. M., when feeling a slight sensation of heat in the head, the pupils apparently disposed in the least degree to contract, the bowels having once been moved and urine passed, I was led to fancy that re-action might set in, and as her residence was at some distance from the city, wishing to be prepared I sent off for a dozen leeches, which, from re-action having commenced by the time they were brought, I immediately applied, assisted by Dr. Crawford, to the temples. The blood abstracted by the leeches and subsequent hot fomentations, was considerable in quantity; pounded ice was now applied to the top of the head, a blister to the nape of the neck, five drops of croton oil diffused over the tongue and fauces, and another enema, the same as before, but containing several drops of croton oil, thrown up into the intestines. The convulsive movements noticed in the fingers, during the early part of the day, had become increased in force, attacking the muscles of the face, neck, back and extremities, and at about 4, P. M., were so severe, that ice cold water was poured upon the head from a height of about four feet, but without any benefit. After the leeching, they became less frequent in their paroxysms, and were most strikingly noticed in the muscles of the neck and back. The only result of the latter part of the treatment in this case, was the return of the features, which, with the setting in of re-reaction, had become puffed and purple, to a perfectly natural hue, and the breaking out over the surface of a general perspiration.

Miss ——— died at 4, A. M., on Monday, the 22d of June. No *post-mortem* examination could be obtained.

The inferences deducible from the above are, in my opinion, the following:—

1. That this preparation, of the nature of which so little is known, must be ranked among the class of narcotico-acrid poisons, producing

its effect primarily upon the stomach and small intestines, and secondarily through the ganglionic system upon the entire cerebro-spinal axis.

2. That its effects from accumulation must be guarded against in the same manner as those of digitalis, &c.

3. That oleaginous purgatives should be combined with it, and that the absorbent system should not be excited by a system of low diet being enforced during the time of its administration.

4. That the manner in which death occurred in this case, was clearly that, which would be referable to Bichat's "death commencing at the head."

II. *Case of Pregnancy, unaccompanied by any of the ordinary signs of this state, in a woman already the mother of three children.*—Mrs. Franklin, æt. 25, of middle stature, a nervous temperament, the mother of three children, had always enjoyed good health prior to her marriage, five years ago. Had had natural labors with all her children. On the occasion of her last confinement, the midwife who attended her was under the necessity of removing the placenta in consequence of adhesions. For some time after this labor, she suffered a good deal from pains in the thighs and legs, and remarked that the lochial discharge was not so abundant as on previous occasions. Her youngest child is now (the 21st May) nearly ten months old, and has been weaned nearly six weeks.

Just about the time of weaning her child, she was seized with a bloody discharge from the vagina, which continued for two days and nights, then ceased; at the expiration of a week it returned, lasting for the same length of time. These discharges have returned with regularity ever since at similar intervals, and lasted the same period. When called in to see her, I found her in a pool of blood which had issued from the uterus. I prescribed for her two scruple doses of the diacetate of lead with a little vinegar. There was a tumor of a fig shape, flattened in front, extending from the symphysis of the pubis to the middle space between the navel and the ensiform cartilage. The hand could be easily passed behind the cornua of the tumor and its base. Had had none of the usual signs of pregnancy; the mamillæ were particularly flaccid; the areolæ pale and without the appearance of surrounding papillæ or congested cutaneous veins. No placental bruit could be heard either immediately or mediately. The os tincæ was natural, as a matter of course retracted upwards and backwards. Had taken acid medicines and castor oil. A dose of the latter she had taken in the morning.

22d.—Had some discharge during the night, but much less than usual; has more the appearance of menstrual and other blood mixed, than ordinary blood. Complains of weakness; pain at the top of the head. The bowels have not been affected by the castor oil taken yesterday. I ordered an enema to be administered. At my second visit, found the midwife, who had been sent for to carry out my instructions, and who expressed to me her conviction that there had been a miscarriage some weeks since; that she had at that time been sent for, and was perfectly satisfied that such was the case. She (the midwife) was a person of



great experience, and practice, and, moreover, a sensible woman. Therefore, I admit, that I was influenced by her report. I plugged the vagina with pounded ice, and applied cold cloths to the vulva and a general bandage.

There was much less discharge on the next day, pain in the back induced only by considerable direct pressure on the tumor, or when the mass is moved from side to side. I conceived either that the tumor was caused by a collection and retention of blood oozing from an abraded surface on the interior of the womb, or that there was a quantity of menstrual blood which could only partially escape through the cervix and os uteri. The bandage round the pelvis was adopted, and a mixture of the supersulphate of magnesia in infusion of quassia was ordered.

From this state, the tumor gradually diminished, although with continued moderate discharge until the 28th, when I suggested to her husband, the propriety, in the early part of the ensuing week, of taking her to the country. The very next day he took her by steamboat to a small watering place a few leagues from the river, with her two children. She took off, before starting, and left behind her, her bandage. She was a good deal fatigued with attending to her children, and the journey. She felt the tumor increase suddenly, had another discharge of blood, and returned forthwith to town. I did not, however, see her again until the afternoon of the 8th June, when she called at my house, distant from her own residence nearly a mile. She had all the appearance of a woman in the seventh month of pregnancy. I sent her home, and called upon her the next day. Found her in bed, made a minute examination, and requested a consultation. Drs. Arnoldi and Crawford (the former my colleague, and Professor of Obstetrics in the School of Medicine) met me at 3, P. M. Dr. Crawford and myself were of opinion that the tumor was attributable to retained blood. Dr. Arnoldi thought that he could distinguish a solid body in the cavity of the womb. The stethoscope was again used by us all, with the same results as when I employed it early in the case. Although there was a slight difference of opinion as to the nature of the tumor, we were perfectly unanimous in our treatment, that ergot should be administered, and should that not suffice to cause contraction of the womb and the expulsion of its contents, a bougie should then be introduced. I prescribed for her three powders containing  $\mathfrak{D}\text{ij}$ . of fresh and very excellent ergot, combined with the same quantity of sub. borat. sodæ. She took them in the course of the next forenoon. Each dose caused nausea and vomiting, but not for a considerable time after it had been swallowed. She did not suffer from the usual pain elicited by the remedy, and passed a tolerably easy night, sleeping a good deal. The next morning, as agreed upon in consultation, I proceeded to introduce a large-sized flexible metallic bougie, but immediately on passing the cervix uteri, a sensation being communicated to my hand, of the extremity of the instrument striking against a solid body, I desisted forcing it on any farther. There was no discharge of blood from this operation. Designing to return the following day with Dr. Arnoldi, and to renew the operation if required, I stated my intention to her hus-

band. He begged of me to allow him to fetch Dr. A. at once. After a good of arguing with him, I at length yielded, and waited his return with my friend. I related to him what I had felt; he took the bougie and introduced it to its full length. This operation induced no great pain. We prepared her, however, for them. Ordered for her a dose of castor oil and spt. turpentine, and an anodyne if required. She took the former in the course of the evening, but from having no pains did not require the other. The succeeding day, she complained to me of severe pain in her back and belly, accompanied by a good deal of forcing. In the course of the day, she passed clots of blood to the extent of nearly two quarts. The pains became aggravated towards night. Saw her again at 8, P. M. Had passed more clots; was in violent pain, like that of labor. I gave her the anodyne draught.

I had scarcely reached my own house, when another messenger came to me, stating that my patient was bleeding to death, and that my attendance was urgently required. I met on the way, and took up with me, my friend Dr. Arnoldi; armed with sugar of lead, ergot and opium, we entered the room. We found the woman lying on her back, pale, but perfectly composed and calm. A woman on the bed beside her, accosted us by expressing the fright which she had herself had, "for the *child was born*." The poor woman's fear had not been greater than was *our* surprise, inwardly felt and talismanically communicated to each other. The child was born, but the placenta was not yet detached. The removal of this occupied only a few minutes. The fœtus was a male of about eighteen weeks. From its external appearance it had been dead several days. The patient had slight after-pains, but went on perfectly well up to the time when my attendance ceased.

Is the above case to be looked upon as a case of partial placenta prævia? Or is it to be attributed to an oozing and gradual deposition, with coagulation of blood between the inner surface of the uterus and a portion more or less considerable of the decidua reflexa? One valuable lesson is to be learned from it, at all events—never to offer in positive terms a diagnosis, where there is any complication.

*Montreal, July 14th, 1846.*

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#### APPLICATION OF THE TREPHINE FOR A NEURALGIC AFFECTION OF THE CRANIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the first No. of the New York Journal of Medicine and Surgery, of July, 1838, there is a case published by myself, detailing the facts connected with the removal of part of the tenth rib for a neuralgic affection of the intercostal nerve, consequent on a violent contusion of the bone. It is unnecessary to detail the nature of the accident or the steps of that operation. There was at the time an entire dissent to it of all the gentlemen who were consulted in the case, and it was only performed at the urgent solicitation of the patient, who had tried every imaginable

means for relief, including tonics, cupping, blistering, &c. &c., suggested by our best surgeons, including those of the New York Hospital. She was declining rapidly from constant loss of sleep, and innervation produced by the excessive use of morphine. The operation was completely successful, the pleura remaining uninjured; it produced instant relief, and the patient (a female) rapidly recovered her health and spirits, gaining twenty-three pounds of flesh within two months after the operation. She is now perfectly well, though it was performed eight years since. This case is well known to many gentlemen in this city—Dr. S. P. White and several others being present. The diagnosis is important, and as its evident verification by the result, influenced me in the performance of the operation I am about to detail, I will briefly state it. The rib, as it proved upon examination of the piece removed, had not been fractured, though a small bony projection of the size of about half a pigeon's egg, as it appeared under the skin, it was supposed indicated either a fracture, enlargement of the bone, or a periosteal growth. This was not important, however, to the diagnosis; which was, "pressure upon the intercostal nerve by the enlargement," producing the violent pain constantly experienced in the epigastric region; that portion of the abdomen being supplied with nerves from the parallel intercostals, and the fact being well known, that pain extends from an irritated nerve to its distribution.

June 18th, 1846.—Mrs. Bishop, of Easton, Pa., the widow of a deceased clergyman of that place, a lady of 50 years, and of a highly intellectual character and remarkable self-possession, about seventeen years since received a blow from the falling of a window sash upon the upper and posterior angle of the left parietal bone. There was neither a wound nor suppuration consequent upon the injury, and it excited no further attention after the application of some simples to the bruised part, until a few weeks afterwards, when it became the seat of the most exquisite and constant pain. This observed no regularity in its accessions; it steadily increased, until it became so intolerable that she was obliged to resort to morphine, and eventually to sulphuric ether, both of which articles she eventually used in enormous quantities, though greatly opposed to all stimuli from previous education and habits of thought. Even when under their influence her mind was clear and unclouded; and she had occupied the long period of her affliction with the religious and polite literature of the day. Some idea may be formed of her state of mind, by the information that she was well acquainted with the manner of the operation and the diagnosis of her disease, at the period of my visit. Mrs. B. had requested my opinion some two years since; at that time there were no symptoms of epilepsy, however slight; neither had there been at any time the least loss of consciousness or disposition to fall. I proposed at that time a circular incision to the bone; and if that did not benefit, a caustic issue over the part. The operation of trephining was proposed as a last resort. This was not done. About a year before my last visit, Dr. Gross, of Louisville, an intimate friend of hers, and the accomplished author of the *Pathological Anatomy*, examined her



case whilst on a visit to Easton, and under the desperate circumstances acceded to her desire to submit to the trephine. She requested me to perform it, and I visited her for that purpose on the 18th of June last.

At this period there was occasionally slight loss of consciousness for a few moments, particularly when the circulation was hurried; still no symptoms of epilepsy. This symptom influenced me to perform the operation. The amount of morphine and ether consumed within the previous six months was almost incredible. The testimony of her son (the purchaser) and Dr. Sloan, of Easton, will authenticate the statement, which is indeed highly important in a medical point of view. The amount, as stated to me, was "from one to two drachms of morphine per week, and one hundred and twenty-six pounds of ether during the six months"! This enormous quantity, so perfectly accustomed to it had the system become, did not even exhilarate the patient, or for one moment cause her to lose her equilibrium. Her deportment was characterized by the utmost quiet, and that perfect calmness and self-possession characteristic of the well-bred woman. Even during the operation, when she had taken an unusual quantity, her conduct was quiet and natural. There was nothing peculiar or difficult in the operation; it was performed in the presence of Dr. Cooper, Dr. Sloan (the attending physician), and Dr. Inness, all of Easton. The patient placed her finger upon the spot; and after being engaged in conversation, was again requested to indicate it. She invariably recurred to the same spot. This precaution was necessary, for we had no other guide; not even the slightest elevation or eschar marked the seat of the injury. On removing the bone, the cause of the affection came to light; there was a considerable exostosis on the inner side, amounting to rather more than an eighth of an inch from the plane of the inner surface of the cranium. This, notwithstanding its comparative smallness, had been the growth of seventeen years. Immediately upon raising the bone, the patient's brow became elevated, and she declared "she felt free and had more room." All the unpleasant symptoms have vanished, and the patient is gradually discontinuing her morphine, which, although she has not the least vestige of pain, could not wisely be at once discontinued. She does not now take one quarter the former quantity.

I hope the following remarks, appended to the case first stated, will not be thought irrelevant; they may serve to explain the motive for the performance of an analogous operation, which, but for the result, might have been thought imprudent. I conceive them to apply equally to this case; your readers will decide. "Should this operation be thought unwarrantable, I can only say I know of no other means of relief, and that the patient importuned me for months to perform it, after having been told by many surgeons of eminence, as well as by myself in their presence, that it might prove fatal. She uniformly answered that death was preferable to the life she endured. It is highly important that the extent and danger of operations that may conscientiously be performed for neuralgia should be determined, as the strongest constitution will in time yield to its undermining influence."

E. H. DIXON.

*New York, August, 1846.*

## MEDICAL INSTITUTIONS AT ROME.

From Prof. F. H. Hamilton's "Notes of an European Tour."

WE are now at length in the "eternal city," where I shall remain until "time" presses me again on the way.

In 1838 the population of Rome was 148,903, of which nearly 5000 were Ecclesiastics and 4000 Jews. There are eight principal hospitals, which together can accommodate about 4000 patients. There are also 13 societies for endowing young girls who are willing to marry! and such also as will dispose of themselves by taking the veil! One would almost believe that at Rome the girl market was overstocked, and that these means were necessary to remove the excess. If so, His Holiness might open a very profitable commerce with Texas. About \$32,000 per year are said to be distributed in this way, and more than a million of dollars are annually expended by the various charities, including the sums which are sent by public authority to the houses of the poor, not less than 300,000 of which comes from the treasury of the Pope. In addition to all this, large amounts of both money and provisions are daily distributed from the doors of convents within the city. Thus with a population less than half of that in the city of New York, the amount of charities yearly bestowed is probably ten times as great; yet the number of beggars and lepers which crawl through the streets from morning to night is equal to that of any city in Europe. I have said that the number of Ecclesiastics in the Holy City was, in 1838, nearly 5000. I may add that the number of foundlings received annually in the various Foundling Hospitals, is about 3000.

La Consolazione, in the rear of the Capitol and under the Tarpeian rock, I visited in company with Mr. Brown, the celebrated American sculptor. It is called the principal Surgical Hospital, and is generally pretty well supplied with punctured wounds; we saw none, however, under treatment, and indeed it contained scarcely any cases of interest. The straight splints with straw junks were applied to four or five cases of fractured legs. One poor fellow had a fractured skull, which was dressed without shaving the hair, or any other particular regard to cleanliness. Upon one of the beds sat a boy with a scrofulous knee, and one of the finest Roman heads and faces I have ever seen—resembling, I remarked to Mr. Brown, the beautiful antique bust of Young Augustus in the Vatican. Mr. B., who is an enthusiast in his profession, persuaded him to visit his studio as soon as he was able, that he might copy his head. The present number of patients in La Consolazione is about 150; all, or nearly all, of whom are placed in one long salle. The situation of this Hospital is near the Forum, in the valley between the Capitoline and Palatine Hills, once a marsh, but now within the thronged portion of the modern city; it is therefore not favorably situated for air or cleanliness.

On the way to the Fever Hospital or the Hospital S. Giovanni, we passed through the Forum; and among the numerous temples, palaces, triumphal arches, the amphitheatre, and other colossal ruins which distinguish this portion of the ancient city, one humble spot more than all others will remain forever sacred in my memory; and to this spot alone

did my feet repeatedly turn, as more than once I attempted to follow my guide and interest myself in the more stately ruins about me. You may smile at my peculiar romance, but if ever you visit Rome, go along the Forum to where stands upon the Via Sacra the ruins of the celebrated Temple of Concord. Close by, in the days of Commodus, stood the drug shop of old Galen, for so he tells us himself. You will not see his sign, nor the illuminated colored bottles at the windows, for the shop was destroyed in a great conflagration, at the same time with the temple, but if you remember well the life of this excellent father and skilful physician, you will turn to mark the place, and perhaps linger thereabouts for a while musing, and thinking possibly the old man will come to look after his broken bottles, and his plasters and ointments, which he prized so highly. For to judge from the amount of broken walls and loose stones lying about, the fire may have occurred but yesterday.

Galen had enjoyed, when he came to Rome in the year 165, the rare privilege of examining a couple of human skeletons at Alexandria, and furnished thus with an extraordinary knowledge of anatomy, he gave public lectures upon the subject to the citizens of Rome. He had thereby attained great celebrity both as a physician and surgeon, when the jealousy of rival physicians procured his banishment from the city, to which he did not return until recalled by Aurelius, after whose death he was made physician to the young and profligate Emperor Commodus. He lived long afterwards to enjoy his restoration to fame and fortune, having died at the advanced age of 70 years.—*Buffalo Med. Jour.*

#### CASES OF VARICOCELE TREATED BY PRESSURE.

[THE following paper was read at a meeting of the Royal Medical and Chirurgical Society, by T. B. Curling, Lecturer on Surgery, &c., London Hospital, and is copied from the London Lancet.]

The author states that, three years ago, a case of varicocele, cured by the application of pressure to the spermatic veins, came under his notice, and being struck with the peculiar adaptation of this plan of treatment to counteract the injurious effects of the dilated veins, he determined to give it a trial. He has since treated many cases of varicocele by pressure, and as a sufficient period has now elapsed to enable him to form a just opinion of the value of this plan of treatment, and of its advantages over other methods, he ventures to submit the results of his experience in the management of this complaint to the consideration of the Fellows of this Society.

The author details three cases of varicocele cured by pressure: the first, at the end of nineteen months; the second, at the end of seven months; and the third, a case of double varicocele, in ten months. He also alludes to four other cases, in which this plan of treatment was successful in curing the disease. He remarks, that in these cases the dilatation of the veins had taken place at a comparatively early period of life, was neither excessive nor of long duration, but was productive of incon-



venience and uneasiness, which could be only partially remedied by the suspender; they were precisely the cases in which it was presumed that pressure, by relieving the veins of the superincumbent weight of the blood, would enable their coats to recover their proper size and tone.

Two other cases are related in which great and immediate relief of the distressing symptoms occasionally attendant on varicocele was afforded by pressure, but the patients had not remained under treatment a sufficient period to enable him to judge of the ultimate results.

The author remarks that little attention is paid to constitutional treatment in varicocele, which is commonly regarded as exclusively a local disease. In the class of cases in which the benefit derived from pressure is most apparent, the patients are persons between 18 and 30 years of age, of weak frame and constitution, and subject to dyspepsia, and whose venous system and circulation are feeble. In these cases the operation of local remedies may be aided materially by general treatment.

After noticing the liability of this disease to relapse, and for this reason recommending the continuance of the truss for some time after all symptoms of the affection are removed, the author adverts to another class of cases, in which the application of pressure is capable of giving considerable relief, though not of curing the disease. They are cases met with at a somewhat advanced period of life, in which the plexus of dilated veins is of large size and of long standing, but productive of only slight inconvenience, which may be remedied by the suspender. The application of pressure, however, not only removes the slight uneasiness, but also counteracts the tendency to further dilatation, and prevents the wasting of the testicle, though the enlargement is too great to admit of the vessels being reduced to their former size.

From these observations, the author considers the treatment by pressure to be applicable, either for the cure or relief of the majority of cases of varicocele occurring in practice, and its simplicity, freedom from all risk, and efficacy, in his opinion, render it superior to every other method of treatment that has hitherto been tried. In all the cases which he has treated, he has employed the moc-main-lever truss, which seems better adapted to make the necessary pressure at the abdominal ring than any other instrument that he knows of. In general, the truss need be worn only during the day. When the scrotum is pendulous, or the plexus of dilated veins considerable, he advises the addition of the silk-net suspender.

Mr. Lloyd was always able to relieve varicocele without employing a truss. Dilatation of the veins alone in varicocele did not cause pain or inconvenience, any more than a simple varicose condition of the veins of the leg produced suffering. It was when inflammation came on that the pain and inconvenience were experienced. Allay that inflammation, and you relieve your patient.

Mr. Curling, in answer to a question, said that he had seen one case in which the use of the truss had been discontinued for four months, and there had been no return of the complaint. In answer to Mr. Lloyd, he observed, that the treatment recommended in the paper had reference

only to those cases in which the patient really suffered from the disease. These sufferings might exist independent of inflammation, as the sense of weight, &c., experienced by patients in this disease, and the means taken to prevent it, would testify.

Mr. Solly referred to the case of a hard-working smith, who, after wearing a truss for six months, had been cured.

Mr. Coulson, though he had not employed a truss in his own practice, had known instances in which varicocele had been relieved by such application. When varicocele became troublesome, he was in the habit of drawing the scrotum through Wormald's "scrotal ring," by which means the testicle was drawn up close to the abdominal ring, and this, with a suspender, succeeded in affording relief. The apparatus was removed at night.

Mr. Partridge had seen a gentleman who suffered from varicocele complicated with a hernia, which it was difficult to return, and in whom the scrotum was so painful that he could not bear even the pressure of a suspender. The hernia was so difficult to return, that he was ordered to lay in the recumbent position for six months. The hernia was then reduced; he wore a truss, and the varicocele had since much diminished in size.

Mr. Streeter alluded to the remark of Sir C. Bell, to the effect, that he had known varicocele much relieved, when, having been mistaken for hernia, a truss had been applied to it.

## THE NATURAL HISTORY AND TREATMENT OF WOUNDS.

By Isaac Gilchrist, M.D., of Woodside, Aberdeen.

IN the case of an external injury, we are invariably met with the demand, what application will heal or cure it? In former days they had *sarcotic* or *flesh-creating* ointments, and in our own days we have *healing cerates*, and other similar preparations without number.

Let us first inquire what Nature can accomplish in the matter of wounds; and then, how she may be aided in her operations. Dr. Macartney states, that as to the effects of injury in the different classes of animals, he found, "that the powers of reparation and reproduction are in proportion to the indisposition or incapacity for inflammation, and hence that inflammation is so far from being necessary to the separation of parts, that in proportion as it exists the latter is impeded, retarded, or prevented; and that when inflammation does not exist, the reparative power is equivalent to the original tendency to produce and maintain organic form and structure; that it then becomes a natural function, like the growth of the individual or the reproduction of the species." This is quite different from the doctrines formerly taught under the terms *adhesive*, *suppurative*, *ulcerative inflammations*. There is no countenance here given to Sir Astley Cooper's statement—"No wound can be repaired without inflammation."

Dr. Macartney describes the modes of reparation as follows:—1. Immediate union without any intervening substance, such as blood or lymph.

2. The union by the medium of coagulable lymph, or a clot of blood. 3. The modelling process, or reorganization without any medium of lymph or granulations, the cavity of the wound becoming obliterated by a natural process of growth. 4. The reparation by means of a new, vascular, and organized substance, called granulations. In the treatment of wounds, therefore, the great object of the surgeon must be to prevent inflammation, and thereby secure reparation by any of the first three modes; if he is successful in this object, granulation and suppuration, which go together, will be obviated. The following simple rules seem to embrace all that is necessary to facilitate nature's operations:—approximate the edges of the wound gently and without much traction (after having cleaned it and removed foreign bodies); use as few stitches as possible; use as little adhesive strap as possible; apply a pledget of cloth soaked in cold water, and bandage loosely; inculcate absolute rest; preserve the part moist and cool, by the assiduous changing of cloths wrung out of cold water, and applied over the bandage; the part must not be allowed to become heated, so that for the first few days the cloths must be changed every two or three minutes, or a minute continuous stream must be directed on the part, by any of the simple processes recommended for the purpose. By the use of the cold-water dressings, incised wounds heal immediately, and lacerated wounds detach sloughs, and are repaired by the remodelling process without suppuration, at the same time presenting the most excellent cicatrix. In the latter kind of wounds, when poulticing is used, profuse suppuration is established, inflammation being excited by the hot, rancid, oppressive irritating poultices, much of the previously sound tissues are wasted away, and the resulting cicatrix is rigid and puckered, and contracted.

We read that Hippocrates himself used water dressing most successfully, but that afterwards Celsus introduced a variety of absurd and complicated medicines. In the 14th century, the system of secret dressing was in fashion, each practitioner having a remedy which he considered universally applicable. When at a still later period water dressings were used, they were accompanied with incantations, to which the good effects were attributed. It is stated that Ambrose Paré, a pious but superstitious man, used the same application, but astonished at his extraordinary success, deemed the remedy nothing less than miraculous, and therefore not to be used by mortals, and accordingly he abandoned it.

This mode of treating wounds has received at my hands a very extensive trial, and has been followed with great success. I must, however, confess that I have had no inconsiderable difficulty in overcoming the prejudices of the people against so simple a method; and, in ordinary private practice, it is not unlikely I might have been obliged to discontinue it, or at any rate, substitute the usual more formal perfumed lotions; but the nature of my appointments in connection with the extensive manufactories in this district, has enabled me to carry forward the simpler practice, and that, too, at least, to the entire satisfaction of the people themselves. Such prejudices are not confined to our locality, and have been, I fear, too much fostered everywhere by the more mysterious pro-



ceedings of the scholastic and orthodox practitioners. If this is so, we need be less astonished at the success of quackery, which is conducted upon similar principles. When we let all our patients see and comprehend that we are treating them upon scientific and simple principles, then may empiricism prepare for its downfall without any interference on the part of government.

I shall conclude with a brief note of a few cases which have occurred recently, in illustration of the foregoing observations.

I. A man received an injury by the machinery in a large paper mill, which laid open the wrist-joint. The hand was half separated from the fore-arm, the tendons were torn, and the inferior end of the radius, which is naturally related to the carpus, was exposed. The arm and hand were placed straight upon a pillow, the wound was cleaned, and two stitches taken; a pledget of cloth soaked in cold water was applied, and a bandage rolled, not too tightly, round the hand, wrist and fore-arm; a large basin of cold water was placed conveniently by the bed-side, and directions left to apply freshly-soaked cloths over the bandage every two or three minutes, to prevent any heat or inflammation ensuing. No inflammation took place; the modelling process was uninterrupted, without suppuration, and an excellent cicatrix formed in little more than a fortnight.

II. A girl had the whole of the soft parts on the palm or surface of the four fingers, as it were, scraped off by the machinery of a flax mill; the tendons were torn, and the phalanges exposed at different places. Each finger was dressed as follows every day: being first bathed in cold water, a piece of soft cloth was placed round the finger, and a narrow roller to keep it applied; when the fingers were all thus dressed, a large cloth soaked in cold water was wrapped round them together, and changed as frequently as the slightest tendency to become heated appeared. The modelling process advanced steadily without suppuration, and cicatrization was completed in about four weeks. The fingers gradually acquired flexibility.

A great number of similar accidents have occurred among boys and girls employed in the cotton and flax factories in this district during the last six or seven years; and the same simple treatment has been adopted, so that, although obliged occasionally to amputate fingers in part or in whole, cases of very remarkable injury of soft parts and bones have recovered, and members have been saved, which, in all likelihood, would have been sacrificed by a treatment less calculated to prevent inflammation and suppuration. Flabby granulations are seldom seen, unless where the prevention of inflammation is carelessly attended to; so that caustic applications, astringent lotions, and stimulant ointments are not used.

III. A little boy had scrofulous disease of the bones of the ankle-joint, on account of which I amputated, by the flap operation, below the knee. Two stitches were used for two days; a strip or two of plaster, and cloths wrung out of cold water were the sole applications. The wound was whole in a week. Other amputations have been similarly treated, with equal success.

IV. A girl received a sharp instrument into the ball of the eye, at the

Woodside works. The cornea and sclerotic coat were ruptured, the iris was lacerated, and prolapsus followed. Rest in bed, continued persevering use of cloths wrung out of cold water, and simple laxative medicine, constituted the treatment. The treatment was effectual in preventing inflammation, which was clearly the only indication in the case. The termination was as favorable as could be under such circumstances.

A multitude of cases might be recorded in this place in which the same simple natural treatment, was adopted ; but these instances suffice to show what Nature can accomplish herself, and the little we have to do to facilitate her operations.—*British and Foreign Medical Review.*

#### ERGOTINE.

THE report of the proceedings of the French Academy of Sciences, in the Presse of the 25th ult. (says a correspondent of the Boston Atlas), contains the following sketch of the communication of M. Bonjeau, a physician of Chambéry, who has long been investigating the qualities of the ergot of rye, and who read a paper upon the subject, in which he examined it in three points of view—its natural history, its chemical composition, and its use in medicine. Of the numerous chemical principles, M. Bonjeau dwelt upon two ; the first is a fixed oil, to which he attributes entirely those properties which make the ergot of rye one of the most fearful poisons that exist, and one followed by, perhaps, the most frightful effects ; the second is a watery extract, to which M. Bonjeau has given the name of ergotine, a name also given by others to another principle, but admitted, long since, to have none of the properties peculiar to ergot. The ergotine of M. Bonjeau is shown by his experiments to be exclusively the therapeutical agent of the ergot of rye ; and as it can be obtained entirely free from the poisonous agent of which we have spoken, the day is probably not distant, when it will entirely take the place of ergot in the practice of medicine.

The properties which M. Bonjeau assigns to ergotine are many, but we must refer those who desire to know more in relation to them, to the work in which he has himself recorded his own observations and experiments. They are, moreover, those which the most celebrated writers upon the subject have always attributed to the ergot of rye. There is, however, one property which deserves to be especially mentioned, on account of the pains M. Bonjeau has taken to test its reality. He regards ergotine as of especial value in both internal and external hemorrhages. It is, in a word, a powerful hemostatic. This property of ergot has been already proved by the experiments of M. Muller and Dr. Wright. M. Bonjeau has principally relied, in his experiments, upon animals, as subjects. Unfortunately, they are not proper subjects. The animals upon which we try these experiments are easily healed by their own natural resources ; the most dangerous wounds in them are healed by the most simple applications—such, for instance, as the application of pressure, or merely closing the wounds. It is upon man alone that

experiments can prove anything decisive, because he alone has this unfortunate peculiarity ; all wounds in him are graver, and healed with more difficulty than with any other animal. The following extract from the paper of M. Bonjeau was read at the last session of the Academy.

“ On the 5th of the present month (June), about 5 in the evening, a robust woman, about 40 years of age, in uncorking a bottle, which broke in her hands, made a deep wound in the centre of her left hand. A branch of the palmar artery had been opened, and the blood jetted out with violence. It was thrown out to the height even of eight or ten centimetres. The woman was at first much frightened, and did all in her power to stop the blood. Seeing that she could not succeed, she came to the city to consult a surgeon. On her way she had bound her hand tightly with bands of linen, which were bathed in blood when she reached the office of Dr. Molard.

“ After alternately compressing the wound, and leaving it to flow, the jet of blood being still as strong as ever, I applied a little lint, soaked in a solution of ergotine, somewhat concentrated, and kept the plug in its place by a slight compression, much less than that which she had employed in vain. At the end of two minutes the blood ceased to flow. Five minutes after I left the plug to itself, and took it out in twelve minutes after its application. The opening of the wound was filled by a clot of blood of considerable firmness. No blood made its appearance afterwards. By way of precaution and to quiet the alarm of the patient, who was pale with fear, we applied a new plug, dipped as before, and kept its place by a bandage, without compression. Two days after the wound was cicatrized ; there was very little accompanying suppuration. A few days after the woman was able to resume her usual occupation.”

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, AUGUST 19, 1846.

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*Sarsaparilla Manufacture.*—People begin to open their eyes to the monstrous impositions practised upon the buyers of sarsaparilla. Those who have read the articles on New York quackery, published some weeks since in this Journal, will recollect that the method of putting up sarsaparilla, and the great aim in view by some of those who have an interest in the establishments where it is prepared, are briefly detailed. A friend called in the other day, with four little cups, containing the products after boiling down a certain quantity of each of the sarsaparillas now in the market. For example, one ounce of a thick, ropy extract, was obtained from one pint of the sarsaparilla from one establishment, having the taste of liquorice paste. Another kind gave four ounces to a pint, which appears to be well charged with sugar. Another gave four and a half ounces to a pint—possessing an equally rich flavor of liquorice and sugar. The Shakers' gave no particular flavor or taste that was like either. They have no secret in the matter. There are always just six pounds of medi-



cinal plants to the gallon of their sarsaparilla, viz. : *Phytolacca decandria* ; *Rumex obtusifolius* ; *Macrotys racemosa* ; *Chemaphila umbellata* ; *Asclepias incarnata* ; *Juniperi communis*, and one ounce of hydrate of potash. The exact composition of Bull's was frankly given to the profession some two or three years since, and perhaps all the others, which was very proper, if the assistance of physicians is of any consequence ; but the opinion is advanced that the great demand for sarsaparilla, has led to slighting it—so that some samples have not as much genuine sarsaparilla in them, as a man could carry in his eye.

Without being very conversant with the effects of what is sold for sarsaparilla, one way or the other, it would not be in accordance with the code of honor not to have adverted to these little gally-pots of sweet stuff procured by boiling down the contents of bottles, labelled—*none other genuine*, &c., leaving the minute analysis to our neighbor Dr. Jackson, the chemist, who can tell us exactly how many pennyweights there are of sarsaparilla, or whether there is any at all. On the whole, we have come to the deliberate conclusion that the less any one takes of any kind the better ;—although a solution of liquorice paste in water, is not as dangerous as those panaceas that depend for their efficiency on the presence of arsenic and other metallic poisons.

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*Dr. Burnham's Abdominal Supporter.*—Both the dark age and the golden age have passed away, and we now live in the mechanical—which is no less striking in its influence on the condition of man. Without advertising either to the progress of steam, the cotton gin, the self-regulating mule, power looms, or carpet weaving by automatic machinery, we shall now refer simply to the consideration of mechanical apparatus for preserving health. One of the last is a remarkably ingeniously contrived Abdominal and Spinal Supporter, and is the invention of Walter Burnham, M.D., of Lowell. Feeling the extreme difficulty of making the construction of this instrument intelligible by description, we much prefer inviting medical gentlemen to inspect a model left for the purpose. Mr. Burnett, Tremont Row, who has a vast variety of surgical apparatus, is the agent in Boston, where the very best specimens of Dr. Burnham's supporter may be procured. Its simplicity, beauty of workmanship, adaptation to the parts, and lastly its cheapness, are all points of recommendation, not to be overlooked.

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*Medical Matters in Canada.*—There is no easier method of ascertaining the state of things professional amongst our medical friends in the Canadas, than to peruse a speech of Dr. Wolfred Nelson, of patriotic memory, a member of the Colonial Parliament. It furnishes an insight into the speaker's views of the character and condition of the two medical schools at Montreal. A few short paragraphs of the speech are all we have room for.

“ After what the honorable and learned attorney General East said last year, I did not think that he would this year propose another £500 for the medical faculty of McGill College. But we have the learned gentleman forgetting his pledge, and again making his demand without deigning to state what are the benefits which the country has derived from this extravagant outlay. I state in my place in this House, and I will maintain

every assertion which I make, that the country has received no earthly advantage from this heavy expense. Have the pupils of the McGill School increased since last year? Have the lectures been more numerous or better? Have the pupils acquired any extraordinary amount of information from their teachers? I boldly answer in the negative. Have any additions been made to the institution which belong to it, and would be, thereby, the property of the country, to pass into the hands of the future teachers of the school? I say not." \* \* \* \*

"I hesitate not to assert, and will maintain my position in and out of this House, that every unfair means have been had recourse to, to quash the new school. I fear not to pledge myself, that the new school harbors no ill will against its senior—and as for myself, I should be the last to pull it down; no, sir, I wish it to be useful, to flourish, and to be an honor to this city and country, but I want it to stand on its own merits, and not to be bolstered up by fictitious aid in the form of an appropriation from this House. But if it is deemed necessary to give it support, in common justice do as much for the other—put them upon equal grounds, and let each prosper according to its deserts; and I promise solemnly, that not one farthing will the *new* school put into their own pockets—they will give a *faithful, a detailed account* of every shilling. Whatever sum they may receive of the public money will go for the use of materials, books, &c. &c., which will not be the *private* property of the possessors, but will be placed in their rooms, for *their successors*, whoever they may be; it will be *public* property." \* \* \* \*

"For my part, I promise, and shall be more faithful to my pledge than the hon. Attorney General has been to his, that I will again oppose a grant to the McGill College, if a similar amount be not ceded to the other, the more thriving and more deserving institution, as it is more zealous and more industrious. On this, as on all other occasions, I shall not fail to oppose monopoly, tyranny, and injustice."

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*A Shower of Maggots.*—The following is communicated to the Western Journal of Med. and Surg., by M. H. Fee, M.D., of Leatherwood, Ia.

"A strange phenomenon occurred in this town on the 18th inst., in the form of insects, commonly called '*skippers*,' falling from a cloud accompanied by rain. The truth of the thing can be substantiated by at least six persons in the vicinity of my residence, whose attention was called to the circumstance by myself. The cloud arose in the west about 1 o'clock, P.M. The general course of Leatherwood creek at this place, and for a mile or two below, is west, so that the cloud in approaching the town touched many parts of the creek. A few minutes before the rain commenced falling here, I heard the noise of a water spout, or what Dr. Lardner terms, I believe, '*partial attraction*,' about two miles below this, in the direction of the general course of the creek. The character of the noise, I cannot describe; all I can say is it was a *peculiar* noise, differing entirely from the sound of wind at a distance, or of murmuring thunder. I may very appropriately say of it, what Dr. Laennec says of the peculiarity of sounds in the thorax, in auscultation, '*known only to the practised ear*.' Now, the only reasonable conclusion I can come to with regard to the manner in which these insects got their elevation in the air, is, that the '*water spout*' in its course up the creek, had passed over some stag-

nant ponds, or puddles, in which the dead carcass of some animal had been lying partially covered by water for perhaps months, or at least for such a length of time as was necessary for the generation of maggots, which were drawn up with the surrounding water.

"The appearance of the maggots corresponded in every particular with that of the 'skipper' found in bacon. They varied in length from one-eighth to one-third of an inch; were blunt at the hinder end, sharp at the head, and covered, as far back as the head extended, with short, black, bristly hair. After the shower was over and the sun came out, the heat caused them to double themselves and skip about from place to place, in search of shade."

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*Influence of Climate on Scrofula.*—The belief that one climate is more favorable to life than another is universal, and is no doubt well founded, although no one has demonstrated (or, we believe, can demonstrate) the fact numerically. The salubrity of climate is relative. The adaptability of constitution to climate is an important element in the question. The Hindoo perishes prematurely in England; the European sickens or dies prematurely in India. Mr. Phillips can make out no facts which show that light, electricity, humidity of atmosphere, or temperature, have any influence on the development of scrofula.

"When considering the prevalence of the disease, it was shown that we have no proof that climate, whether the temperature be high or low, variable or uniform, or the atmosphere be dry or humid, has any very obvious influence of itself, in producing or preventing scrofula. At St. Petersburg, with a mean temperature of 3.23, and a general mortality of 3.770; and Moscow, with a mean temperature of 3.6, and a general mortality of 4.010; and Iceland, where the Centigrade thermometer in winter indicates 20 minus—there appears to be less scrofula than at Lisbon, with its temperature of 71.2, or than at Amsterdam, Berlin, or Calcutta. So at Madeira, with its high mean temperature and low range, there is as much scrofula as among the juvenile convicts in Parkhurst prison. Other causes than climate must, then, in all these countries, exercise a most important influence in producing the disease; and among the causes of scrofula, we have seen that [innutritious] food holds the first place."—*British and Foreign Med. Review.*

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*The Production after Death of certain Characters belonging to Burns made during Life.*—MM. Leuret and Champouillon show that vesications, and even the red line surrounding them, supposed by Christison to be characteristic of their production during life, may be also made to occur in the dead body; and—

"The only sign by which, according to M. Champouillon, we may recognize whether they are produced before or after death, is the appearance presented by the skin when the epidermis is raised from them. When produced after death, the dermis is of a dull white, its surface is viscid, and there is a complete absence of sanguineous injection. When, on the contrary, they are the result of burns made during life, the dermis presents a high degree of inflammatory coloration, which the application of cooling mixtures does not remove."—*London Lancet.*



*Medical Miscellany.*—One thousand and ninety deaths occurred in New York from the 27th of June to the 24th of July.—A Dr. Roberts, a stranger, is under arrest at Fort Gaines, accused of being concerned in a great robbery in Georgia.—In New York, a new publication has been started, called the Medical Adviser and Classic Mirror.—Dr. Newman's Illustrated Botany might sell well in Boston, now being printed at New York, in Nos.—Last year the Jefferson Med. College had 409 students, and graduated 116 of them. The circular for 1846 and 7 shows that the institution is increasing in its resources and power.—Dr. Dixon, of New York, will soon have a work of 300 pages ready, entitled "Woman, and her Diseases, from the Cradle to the Grave."—Dr. Silas M. Houghton has been appointed Professor of Mineralogy and Geology in the University of Michigan, in the chair vacated by the death of the late lamented Dr. Douglass Houghton, who was drowned on Lake Superior.—It is stated in the Bunker Hill Aurora, that James Oliver, of South Reading, a few miles from Boston, on the 7th inst. was reported to have ejected from his stomach a living snake, one foot and four inches long, which he probably swallowed, says that paper, some years ago. Mr. Oliver has been subject to fits. Dr. Willis, of that town, intends furnishing a full report for this Journal.—The cholera made its appearance at Aden, in Arabia, in May, and 400 persons fell by it in a few days. It was advancing at the last accounts towards Yemen. Moca, Sidda and Jambo, and the whole coast of the Red Sea, are exposed to its dreadful ravages.—Dr. J. G. Russell, of Oakland, Michigan, lost his wife recently. The body was disinterred, and Prof. Douglass detected arsenic in the stomach by four different tests, whereupon the husband was arrested.—As usual at this season, the vomito is sweeping off the people, at an alarming rate, at Vera Cruz.—A child, 3 years of age, died in Western New York, in consequence of eating phosphorus matches—making the third death from this cause within a few months.—The number of deaths in Boston last week was the largest which ever took place in this city.—Dr. Lallement, a French physician, who attended Ibrahim Pacha in South France, received £6000 sterling for his services.

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TO CORRESPONDENTS.—Dr. Holt's "Chronic Case treated Homœopathically" has been received.

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MARRIED.—At Ipswich, Mass., Isaac Flitner, M.D., to Miss Clementine Stanwood, of Ipswich.—Chester Cowles, M.D., of Iowa, to Miss M. W. Howe, of Enfield, Mass.—At Lock's Mills, Me., Dr. David W. Davis to Miss Mary J. Gilman, of Eaton, N. H.

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DIED.—In Wardsboro', Vt., Paul Wheeler, M.D., 75, a native of Rutland Mass.—At Sea, on board the ship Versailles, on the passage from Havre to Boston, Dr. Joseph Marchant.—In Medfield, Mass., Dr. James Hewins, 64.—At Lawrenceville, Va., Dr. N. V. Bailey, thrown from a buggy and instantly killed.—In New York, Dr. Hugh McLean, 69.

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*Report of Deaths in Boston*—for the week ending Aug. 15th, 101.—Males, 43, females, 53.—Stillborn, 10. Of consumption, 7—disease of the bowels, 29—cholera infantum, 10—diarrhœa, 2—dysentery, 4—infantile, 5—dropsy on the brain, 6—teething, 2—measles, 1—old age, 3—inflammation of the bowels, 1—marasmus, 3—drowned, 1—typhus fever, 3—dropsy, 2—apoplexy, 1—disease of the liver, 1—croup, 1—hooping cough, 1—abscess, 1—scarlet fever, 1—suicide, 1—child-bed, 2—lung fever, 1—debility, 1—accidental, 1.

Under 5 years, 64—between 5 and 20 years, 5—between 20 and 40 years, 16—between 40 and 60 years, 3—over 60 years, 3.

**French Rewards to Medical Men.**—The Royal Academy of Sciences, Paris, have just awarded to M. Amussat, their first prize in medicine and surgery, of £60, for his researches on wounds of the vascular system. Dr. Bonnet, of Lyons, received the second prize, of the value of £50, for his investigations on diseased joints. Prizes of £25 each were also awarded to Dr. Becquerel and Dr. Rodier, as an encouragement for their researches on the composition of the blood in health and in disease. A sum of £20 was awarded to M. Réveillé Parise, for his remarks on the dressing of wounds with thin plates of lead. M. Morel received £20 for his memoir on dislocations of the clavicle, and M. Clias also obtained the sum of £20 for his new method of gymnastics. The gold medal, value £35, was presented to the celebrated ichthyologist, M. Agassiz, for his valuable work on living and fossil fishes. Other prizes were awarded to Messrs. Bischoff and Raciborski for their respective treatises. Thus upwards of £250 have been presented by this Academy to medical men, for the encouragement of their efforts in art and science. How true the saying—"These things are managed better in France" than in England!—*London Lancet.*

#### BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the Corporation of Harvard University, consists of the following Physicians:—

JOHN C. WARREN, M.D.  
GEORGE C. SHATTUCK, M.D.  
WALTER CHANNING, M.D.

ENOCH HALE, M.D.  
EDWARD REYNOLDS, M.D.  
JOHN JEFFRIES, M.D.

SOLOMON D. TOWNSEND, M.D.  
JOHN B. S. JACKSON, M.D.  
OLIVER W. HOLMES, M.D.

At the Annual Meeting of the Committee, on Wednesday, Aug. 5th, 1846, a Premium of Sixty Dollars, or a Gold Medal of that value, was awarded to SAMUEL KNEELAND, JR., M.D., of Boston, for the best dissertation on the following question:—"The use of Water for the prevention and cure of Diseases."

The other Boylston Premium of the same value was awarded to HENRY GRAFTON CLARK, M.D., of Boston, for the best dissertation upon "The Nature and Treatment of Diseases of the Rectum."

The Questions for 1847 are—

1st, What are the changes in human Urine which are produced by disease, and what are the most convenient methods of detecting the new products consequent thereon? The dissertation to be accompanied with the model of a simple and cheap apparatus for testing the most essential qualities of the urine, with rules for its use and the price at which it will be furnished.

2d, Is there any safe and certain operation for accomplishing the cure of common reducible inguinal hernia?

Dissertations on these subjects must be transmitted, post paid, to JOHN C. WARREN, M.D., Boston, on or before the first Wednesday of April, 1847.

The following Questions are proposed for 1848:—

1st, What is the nature and best mode of treatment of that affection of the eyes commonly called Morbid Sensibility of the Retina?

2d, What is the value of the Microscope in elucidating pathological changes in the human body?

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1848.

The author of the best dissertation on either of the above questions will be entitled to a premium of Sixty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, with the sealed packet unopened, if called for within one year after they have been received.

By an order adopted in 1826, the Secretary was directed to publish annually the following votes, viz.:—

1st, That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d, That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

Boston, Aug. 8, 1846.

A19—3t

OLIVER W. HOLMES, Secretary.

#### DR. URE'S CHEMICAL SALT,

For the immediate production of artificial sea water, just received by the subscribers. It may be used by families or invalids in the form of the *shower*, or *other bath*, with but little trouble or expense. Dr. Hayes, the well known chemist, is acquainted with the processes for manufacturing this salt, and testifies that it will ensure a pure preparation of sea water.

July 29—1f

REDDING & CO., 8 State St.

#### DR. REVERE'S MODEL SHOWER BATH,

UNRIVALLED for neatness, convenience, and portability, may be obtained of BREWER, 28 Court St. Price only \$8.00.

July 29—1f

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 4.

## REMARKS ON THE STATISTICS OF AMPUTATION.

By Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia.

IN the 3d Vol. of the first Series of this Journal, published in 1839, will be found the following remarks on the mortality after amputation, which I sent home while in Paris during that year:—"M. Velpeau, in preparing the second edition of his *Medicine Operatoire*, wrote to Dr. Mott, requesting him to give some idea of the success of American surgeons. This Dr. Mott soon furnished, but M. Velpeau, I learn from his chief interne, M. Perischaud, does not give credit to it. He says this is contradicted by the statistics of Dr. Norris, one of the surgeons of the Pennsylvania Hospital. I recollect being impressed with the great error which Dr. Norris's statement was calculated to produce, by those who take it as the basis of success of amputations in the United States. It no more conveys a correct history of American surgery on this, than it does on any other subject. No surgeon of our country will consent to its being a correct foundation of statistics in surgical practice. All it can pretend to, and all that Dr. Norris undoubtedly intended by it, was the practice of the Pennsylvania Hospital, and nothing more. I respect the surgeons of this charitable institution, but I am sure they will acknowledge that they erred, and that greatly, though on the side of mercy, *in delaying amputations during the period referred to by Dr. Norris*. Who, in reading these statistics, will admit them as correct as applied to the United States? And being the only ones yet published in our country, it is not astonishing that a man of M. Velpeau's industry and penetration should have noticed the contradiction to it in Dr. Mott's letter to him."

Soon after my return from Europe, I noticed in the Medical Examiner, of Philadelphia, then edited by Drs. Biddle, Clymer and Gerhard, some comments on the above quotation, which was re-published in their Journal. They commence by saying, "We regret we differ in many respects from the writer," but admit that patients in the Pennsylvania Hospital are liable to erysipelas and purulent absorption, and also to the unfavorable circumstance of "*the late period at which surgeons perform some of the amputations*." Again, in this same Journal, May, 1840, they observe, "many of us were under the impression that these operations were extremely insignificant, so far as the mortality was concerned."



One of the editors of the Examiner labored under this impression, and stated his convictions to some of his surgical friends in Paris; after his return to America, *he found that the amputations at the Pennsylvania Hospital were often fatal; that is, during a portion of the period alluded to by Dr. Norris, as that of the greatest mortality after amputations, 1834-6."*

As I have made no attack upon the correctness of the report of Dr. Norris, but simply stated my belief that it ought not to be taken as a just statistical basis for calculating success of amputations in the United States, no reply was deemed necessary to the comments made upon my letter. Indeed, after the explanations given by the editors of the Examiner and quoted above, it is difficult to determine wherein we differ on this subject; and I have now merely referred to the matter, because by a recent report of Dr. Betton, of Germantown, published in one of the last Nos. of this very Journal (the Medical Examiner), and by my own statistics of amputation, the position I have assumed is abundantly strengthened.

No one will pretend to deny that the mortality after amputation is far greater than it was supposed to be, previous to recent statistical investigations, or that this is not true, even of our own country; but what I maintain is that Dr. Norris's report of this operation as it occurred in the Pennsylvania Hospital from Jan. 1830 to Jan. 1838, is not a correct basis of the success of American surgeons. This report, it will be recollected, was published in 1838, in the August No. of the American Journal of the Medical Sciences; it was of course to it, and to it alone, that my letter written from Paris in 1839 alluded, and to it also M. Velpeau had reference, when he said it contradicted the assertions made to him by Dr. Mott. During these seven years (from 1830 to 1838), of 56 amputations performed in the Pennsylvania Hospital, 21 died—or nearly one half of those operated upon. Who, I ask, is ready to admit that this is our mortality after this operation? Who will attempt to prove this to be a correct estimate of deaths after amputation in the United States?

Fortunately for me, Dr. Norris, two years subsequently, published another statistical account of these operations as performed in the same institution (Pennsylvania Hospital), during 1838 and 1839. In this second report, we learn that of 24 amputations, *only one died*. What a remarkable discrepancy, and how opposite to the first statement! By one table we are made to lose one in about every two that we amputate, and by the last only one in twenty-four. Was I not then justified in saying the impression produced by the first report was erroneous? Was I not right in supporting the assertion of Dr. Mott, that in America our amputations are generally successful? Would M. Velpeau, had he seen this second report of Dr. Norris, have stated to his hospital surgeon, I cannot credit Dr. Mott on this subject, though he is sustained "by Drs. Gibson, Warren, Paul Eve, and some physicians of Philadelphia."

Dr. Mott stated to M. Velpeau, "Our amputations at New York are

rarely followed by death ; I cannot recal to mind, at present, but four cases of amputation which have thus terminated."

Dr. Gibson also wrote to the same author, "the greater number of amputations that I have performed for diseases of the articulations, wounds from fire-arms, and complicated fractures, have been followed by complete success."

In Dr. Reese's last edition of Samuel Cooper's Surgical Dictionary, he states the fact that of 18 amputations performed in private practice by Dr. J. C. Warren, of Boston, he lost but one. Dr. R. also adds, that several surgeons of this country, many of them in extensive practice, have never lost a patient after amputation.

Dr. Thomas F. Betton, of Germantown, has just published his cases of amputation, amounting to 16, with the loss of only 1.

Dr. Norris himself admits the error of too great delay in performing the operation in the Pennsylvania Hospital ; and by the statistical report of Dr. George Hayward, of the Massachusetts General Hospital, at the same period, we find the mortality was less than in the first-named institution. While these reports show the proportion of deaths up to 1840, to be after amputations about 1 in 4, yet in private practice it must be considerably less.

Life will always be endangered in an operation like that of amputation, but full and correct statistics, could they be arrived at, would no doubt exhibit the success of the operation in the United States as good, if not better, than in any other country. By a glance at the following tables, a comparison may be made.

The 1st, represents the mortality after amputation in general.

The 2d, that of the inferior extremity.

And the 3d, statistics of my own operations.

There is nothing peculiar in my mode of performing amputation. The triple circular operation is preferred for the thigh and arm, the single flap for the leg, and the double flap for the fore-arm. Animal ligatures (made of deer's tendons) are used, and adhesive plaster, oiled compress, or the compress wetted with cold water, and the roller bandage. Much importance is placed upon the proper application of the latter means, as a preventive to both hemorrhage and inflammation. With a bandage to a stump, secondary bleeding is never apprehended. Opiates, when pain continues, are administered.

No selection has been made in my cases, no operation performed without previous consultation, none declined when one was decided upon, and these are all I have operated upon.

TABLE I.—STATISTICS OF AMPUTATION IN GENERAL.

| <i>When occurring or by whom Reported.</i>                      | <i>No. of Cases.</i> | <i>Deaths.</i> |
|-----------------------------------------------------------------|----------------------|----------------|
| Faure, after the battle of Fontenoy -                           | 300                  | 260 to 270     |
| Edinburgh Royal Infirmary - - -                                 | 69                   | 19             |
| Dr. Guyon, French African Army, 1837, -                         | 63                   | 17             |
| At siege of Constantine, Africa, 1837, -                        | 10                   | 9              |
| At Bildah, Africa, - - - -                                      | 62                   | 39             |
| Guthrie, Toulouse and New Orleans, -                            | 150                  | 42             |
| Dr. Norris, Pennsylvania Hospital, 1838, -                      | 56                   | 21             |
| Do. do. do. 1840, -                                             | 24                   | 1              |
| Dr. Hayward, Massachusetts General Hos-<br>pital, 1840, - - - - | 70                   | 15             |
| Mr. Benjamin Phillips, in all countries, -                      | 640                  | 150            |
| Do. do. in Great Britain, -                                     | 308                  | 76             |
| Do. do. private cases in<br>London, - - - -                     | 107                  | 28             |
| Guthrie, on the field of battle, - - -                          | 291                  | a 24           |
| Do. secondary in hospitals, - - -                               | 551                  | 265            |
| Glasgow Infirmary, Dr. Lawrie, - - -                            | 276                  | 101            |
| Northern Hospital, Liverpool, - - -                             | 96                   | 18             |
| Gendrin, Paris, - - - -                                         | 79                   | 33             |
| University College Hospital, London, -                          | 66                   | 10             |
| Emery, after battle of Navarino, - - -                          | 68                   | 14             |
| Dupuytren, - - - -                                              | 59                   | 15             |
| Do. by Meniere at Hotel Dieu, -                                 | 24                   | 17             |
| Scotch Hospitals out of Edinburgh, 1844,                        | 60                   | 14             |
| Larrey and Roux, - - - -                                        | 38                   | 15             |
| Roux in 1814, - - - -                                           | 22                   | 8              |
| Dubois, - - - -                                                 | 28                   | 3              |
| Dr. J. C. Warren, Boston, (private,) -                          | 18                   | 1              |
| Do. do. hospital, -                                             | 40                   | 10             |
| Dr. N. R. Smith, Baltimore, - - -                               | 50                   | 5              |
| Dr. Betton, Germantown, - - -                                   | 16                   | 1              |
| Malgaigne, Paris, 5 years, ending 1841, -                       | b 852                | 332            |
| Paul F. Eve, Augusta, - - -                                     | 51                   | none.          |

TABLE II.—STATISTICS OF AMPUTATIONS OF THE INFERIOR EXTREMITY.

| <i>Where occurring or by whom Reported.</i> | <i>No. of Cases.</i> |      | <i>Deaths.</i> |       |
|---------------------------------------------|----------------------|------|----------------|-------|
|                                             | Thigh.               | Leg. | Thigh.         | Leg.  |
| Markham, reporter—Dupuytren, - - -          |                      | 26   |                | 21    |
| Alex. King, reporter—Guthrie, Toulouse,     | 78*                  |      | 27*            |       |
| Alcock, Spain and Portugal, - - -           | 42*                  |      | 14*            |       |
| John Phillips Potter, 1841, - - -           | 22                   | 26   | 4              | 4     |
| Dr. F. N. Machardy, 1841, London, -         | 202                  | 56   | 55             | 11    |
| Dr. Bullen, - - - -                         | 19                   | 32   | 6              | 3     |
| Dr. Lawrie, Glasgow, - - - -                | 36                   | 27   | 19             | 9     |
| Dr. A. Trowbridge, State of New York,       | 85                   |      | 11             |       |
| Dr. Lawrie, by Thos. Inman, - - -           | 128                  | 62   | 46             | 30    |
| Thos. Inman, France, - - - -                | 107*                 |      | 69*            |       |
| Dr. Norris, Pennsylvania Hospital, 1838,    | 13                   | 16   | 6              | 9     |
| Do. do. do. 1840, -                         | 15*                  |      | 1*             |       |
| Dr. Hayward, Mass. Gen. Hospital, 1840,     | 34                   | 23   | 9              | 5     |
| Edinburgh, 1844, - - - -                    | 18                   | 20   | 13             | 2     |
| Velpeau, 1842, - - - -                      | 6                    | 4    | 4              | 2     |
| In Paris, during 5 years, 1841, -           | 201                  | 192  | 126            | 106   |
| Dupuytren, by Meniere, at Hotel Dieu,       | 11                   | 3    | 9              | 3     |
| Dr. Betton, Germantown, 1846, - - -         | 4                    | 6    | 1              | none. |
| Paul F. Eve, Augusta, - - -                 | 7                    | 7    | none.          | none. |



TABLE III.—STATISTICS OF AMPUTATION OF THE INFERIOR EXTREMITY  
OCCURRING IN THE PRACTICE OF THE WRITER.  
THE LEG.

| No.   | Name.   | Age. | Sex.  | Cause of the Operation.             | Result.                                            |
|-------|---------|------|-------|-------------------------------------|----------------------------------------------------|
| 1     | Soldier | 40   | Male. | Caries from ball thro' ankle-joint. | Speedy recovery.                                   |
| 2 & 3 | Len     | 14   | Male. | Gangrene fm. frost-bite.            | Both legs at same time—rode out on the eighth day. |
| 4     | Moses   | 30   | Male. | Aneurism fm. injury                 | Speedy recovery.                                   |
| 5     | Simon   | 35   | Male. | Caries from injury.                 | Well in 3 weeks.                                   |
| 6     | Daniel  | 27   | Male. | Necrosis of Tibia from a burn.      | Healed slowly, but entirely.                       |
| 7*    | Ned     | 22   | Male. | Hypertrophy, &c.                    | Healed in about three weeks.                       |

THE THIGH.

|   |                |    |        |                                                       |                                                                                                                                              |
|---|----------------|----|--------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Sukey          | 35 | Female | Scrofulous ulceration of leg.                         | Well in 5 weeks, & lived for 3 years.                                                                                                        |
| 2 | Turknett's boy | 15 | Male.  | Gangrene of leg from injury.                          | Well in a month.                                                                                                                             |
| 3 | Jonakin's man  | 35 | Male.  | Gangrene fm. injury.                                  | Well in four or five weeks.                                                                                                                  |
| 4 | Bill           | 10 | Male.  | Necrosis of Tibia.                                    | Well in 3 weeks.                                                                                                                             |
| 5 | C. B.          | 21 | Male.  | Gangrene fm. injury to knee-joint.                    | Well in 3 weeks.                                                                                                                             |
| 1 | William        | 28 | Male.  | Do. do. do.                                           | Well in 4 weeks.                                                                                                                             |
| 7 | Lewis          | 21 | Male.  | Malignant ulcerations from an old cicatrix of a burn. | Healed in 3 weeks, but disease subsequently attacked the glandular system, and destroyed the patient, the stump remaining sound for two mos. |

Total, 14 cases of successful amputation of the inferior extremities.

*Southern Medical and Surgical Journal.*

A CASE OF SPONTANEOUS DRY GANGRENE—DEATH RESULTING FROM TRUE OR SIMULATED HYDROPHOBIA.

By R. Hills, M.D., of Delaware, O.

BELIEVING the following case rare and remarkable as a whole, and of more than common interest in many of its particulars, I am induced to ask your attention to it; more especially as in its termination a question

*a* Probably only those who died immediately after the operation.

*b* This includes all kinds of amputations, and the same remark applies to my own.

The figures thus marked \* in Table II. indicate simply the inferior extremity, without the distinction into thigh and leg.

\* This was partial of the foot, including the metatarsal of the great toe.

is involved, of doubtful solution, at least, in the minds of some to whom a knowledge of the case has been presented.

The patient was Mrs. Latimer, of the town of Delaware, aged 41, and the mother of five or six children. She was taken on the morning of Sunday, March 16th, of the last year, with chills, pain in the head, back, limbs, &c., with some uneasiness in the chest, and slight cough. I first saw her in the evening of that day, and she was partially relieved by the action of calomel and oil, followed with the Dov. powder.

During the succeeding three days, her fever was moderate; the chills had passed off, and the pains in the head, back, limbs, &c., had become lighter under the use of Dov. powder, spts. nitre, sinapisms, aperients of oil, &c., but the cough had increased, as well as dyspnœa and pain in the right side of the chest. The sputa had become bloody, and the bowels were affected with a bilious diarrhœa. I now—March 19th—bled her to approaching syncope (16 oz.), which, with sinapisms to the right side, partially relieved her. Moderate doses of calomel, Dov. powder, and sulph. morphine, relieved the diarrhœa, and procured rest.

On March 20th, I found the cough, dyspnœa, pain and bloody sputa all increased, for which I again bled her to sixteen ounces, which relieved her far more perfectly than the bleeding of the day previous.

On the morning of the next day (March 21st) I found the same symptoms greatly increased, having become so during the last four or five hours, for which I again bled her 14 ounces, with entire relief resulting. I blistered the right side, however, continued the use of mucilages, and put her upon the use of Dover's powder and tartarized antimony, with Cox's hive syrup.

March 22d.—She continued comfortable, though the diarrhœa had returned. I discontinued the tartarized antimony, and substituted one grain of acetate of lead with the Dover's powder.

23d.—She was still comfortable, the diarrhœa having ceased, and the sputa having ceased to be bloody. I stopped the opiate and lead, continuing only the hive syrup with mucilages.

24th, 2, P. M.—The cough, pain and dyspnœa had again returned, but a bleeding of 12 ounces again relieved her. From this time to the night of the 29th she was convalescent—her cough, pain, &c., having almost entirely ceased, her appetite and strength returning, she being able to sit up from one to two hours at a time, two or three times a-day.

This night (March 29th), the family having all retired, and the room having become cold, she arose two or three times to attend to a sick daughter, and on the last occasion of rising, she got into bed with a severe chill, which lasted an hour, and which was followed with fever of four or five hours' duration, terminating in a free perspiration. She then remained comfortable during the remainder of the 30th, and until 2 o'clock, P. M., of the 31st, when she had another paroxysm. The first chill having taken place at 3, A. M., of the 30th, it gives thirty-five hours as the interval. The second paroxysm terminated as the first, in perspiration, &c., but the intermission being or commencing in the night, I adopted no medication until morning. At 6, A. M., of April 1st, I

gave her three pills composed of blue mass, calomel and rhubarb; but at 8 o'clock, A. M., before any cathartic action, she had another slight chill, the interval having been only eighteen hours. The fever was slight, but continued all day, the cathartic acting moderately in the mean time. At 8, P. M., I found the fever still continued, though she was comfortable and sitting up at the time of my call. I directed quinine whenever the intermission became perfect, which, however, did not occur.

I have been thus particular, endeavoring at the same time to be brief, not from any interest which the case, thus far, possesses, but from the bearing which the condition or treatment may have, in the minds of some, upon that which I have yet to relate.

This night, at midnight, or half past 12, I was called in haste to my patient. At half past 11 o'clock, an hour previous, after sleeping, and her fever not yet having entirely subsided, she was suddenly attacked with severe, excruciating pain in both feet. In a few moments, however, it left the left foot, and settled in the right, rapidly extending to the calf of the leg and up the thigh to the hip. This extension had already taken place when I saw her. She was sitting up, and in such agony of distress throughout her limb, that she thought she could not lie down. There were both numbness and coldness accompanying the pain, and there was slight general chilliness. Her limb had a pale, cadaverous appearance, especially below the knee, and was somewhat shrunken in its volume. I gave her immediately half a grain of the sulph. morph., had her feet immersed in *hot* water, and frictions with stimulating embrocations used, &c. In twenty minutes her feet were removed from the bath, and she was placed in bed, to which she walked with some assistance. There being no relief, another half grain of sulph. morph. was given in thirty minutes from the first. This was attended with partial benefit: but it was repeated in forty-five minutes more, and by 2 o'clock I left her comparatively comfortable, the pain having been broken up into paroxysms of decreasing severity, and with increasing intervals, in which she slept. Hot or warm applications had, in the mean time, been applied, and were still continued to the limb—the principal application being flannel cloths dipped in an infusion of hops.

In the morning I called in the assistance of my friend Dr. Gerhard, who attended the case with me from this time to its termination. At 8, A. M., we found her comparatively easy, though there was some distress in the limb, and on a particular examination of it, we found paralysis of the nerves of motion in the lower part of the extremity, with a benumbed feeling in it, and an icy coldness upon the withdrawal of artificial heat. The limb was at least not swollen, if not shrunken. The general appearance of it was a corpse-like paleness, but on the upper surface of the foot, on the front and outer surface of the leg, and on the front of the thigh, as high as to the middle of it, were spots or patches of a deep purple color, some of them isolated, others running together, the color not disappearing upon the pressure of the finger.

In view of the intermittent character her case had recently assumed, and fearing another paroxysm of pain, &c., we gave her five grain doses



of the sulphate of quinine hourly, until she had taken thirty grains. As she was constantly, however, suffering with more or less pain in the limb, we gave her also a fourth of a grain of sulph. morph. once in six or eight hours. Our topical applications were a sinapism encasing the whole foot, which was not felt by her, an epispastic around the ankle, which had no effect; frictions with stimulating embrocations to the thigh, and an epispastic to the lower part of the spine, which drew well. During the day, under this treatment, the unnatural appearances, purple patches included, together with the numbness, left the thigh and three or four inches of the upper portion of the leg, remaining unchanged below. No intermittent paroxysm appeared in any shape, nor did it again in the future course of the case.

On April 3d, the next day, the condition of the limb was but little changed, the numbness, coldness and paralysis of the lower part of the leg still remaining, and the purple spotted appearance spreading so that it covered more than half the surface of the lower two-thirds of the leg, and a part of the surface of the foot. The cuticle had separated almost entirely over this portion of the leg and foot, not confined, however, to the purpled portions. There was slight tumefaction of the upper surface of the foot and lower portion of the leg. I should have stated that on the day previous, there was observed on the outer side of the leg, midway between the knee and ankle, a spot two inches in length and one in breadth, of unusual whiteness, and appearing corrugated about its edges. Her pulse was about 110, and rather small and feeble. Her muscular strength had greatly diminished since the attack of pain in the limb. We resumed the quinine in grain doses, and continued it during two or three days in this quantity, once in from one to two or three hours, and a fourth of a grain of sulph. morph. was given two or three times in the twenty-four hours, to subdue the pains she still complained of in the leg and foot. We applied this day, April 3d, a blister to each side of the leg, immediately above the knee, which drew well. On this day, also, a peculiar cadaverous fætor was observed to arise from the limb, and small collections of serum and gas were observed under the cuticle.

On April 4th, the toes and lower third of the foot assumed a *tawny* hue, or brown scorched color, and during the succeeding three or four days this hue increased, and the parts became shrivelled, hard, horny, and semi-transparent. The same changes soon became apparent on the side of the leg spoken of as being white and corrugated. At the same time the remaining portion of the leg became more tumefied, of a greenish black color, and very fetid. In the mean time, we wrapt a blister entirely around the limb above the knee, applied the fermenting, charcoal and linseed poultices, &c., to the knee itself, and the upper part of the leg, and encased the lower portion in charcoal alone, for the purpose, simply, of removing the fætor. She gradually sunk, however, until the 7th of April, when, at noon, her pulse was 150 and very feeble, and by evening it was so indistinct that it could not be counted. It remained so during the night and the whole of the 8th. Her respiration at the same time was irregular, deglutition difficult, and voice almost inarticulate.

Quinine and brandy were freely administered while in this condition, and in the evening of the 8th she revived, and the pulse became distinct, and when first counted was 140. By the morning of the 9th, it was at 120, and she had correspondingly improved in other respects. In this condition she remained until the 14th, six days, the sphacelation slowly proceeding up the limb, at the rate of three or four lines per day, preceded by a band of purple redness, with slight œdema.

On this day (the 14th) the progress of the sphacelation ceased, and a line of demarkation began to form, first indicated by the crimson band changing to a scarlet color. This line passed around the limb a little below the knee-joint, irregularly, about four inches below it, on the inside, and less than that on the other sides. I would here mention that, with other troubles, a slough had formed over the sacrum, from two and a half to three inches in diameter, which gave us great annoyance. This completely separated in a few days.

From the 14th to the 20th, her general condition seemed stationary, but so low and feeble that the question of amputation, if otherwise warranted, could not be entertained for a moment. Her pulse varied from 105 to 125 during this period. The sloughing of the soft parts of the limb was proceeding with perfect regularity.

On the 18th, we cut off the limb immediately below the lowest point of living flesh, for the purpose of getting rid of so great a mass of putrid matter, which was exceedingly annoying to ourselves, the patient, and her friends, with all our care and contrivance in dressing. We first ascertained that there was no deep-seated sensibility, by running a sharp-pointed probe through the limb. It was effected, of course, without pain to herself, and, in fact, without her knowledge, until we were sawing the bones, the noise of which was the first to arrest her attention.

From the 20th to the 27th of April, her condition seemed improving, so that her recovery was deemed altogether probable, and almost certain. The soft parts of the limb had almost entirely separated in the process of sloughing, and healthy granulations were forming. The cavity left over the sacrum by the slough, was filling up and healing over, her pulse had improved, her strength had increased, &c.

On the 27th, an entire change took place as to the general system, the local conditions remaining unchanged, for the worse, at least.

On this day (the 27th), at an early hour of the afternoon, she began to experience difficulty in taking drink. [I might have stated before this, that for about two years she had been laboring under diabetes, of what variety I know not, as she had not been under my care for it; that the secretion during twenty-four hours, amounted to three or four gallons, and that her daily drinks of cold water amounted to nearly or quite as much. These conditions, thirst and secretion, had continued through her whole sickness, except for a few hours at the time of her sinking on the 7th and 8th of April, when they had both almost entirely ceased.] When drink was brought to her this afternoon, as she was about to take it, there was a general nervous disturbance, amounting to a shudder, with twitchings of the muscles of the face, neck and arms, though she would suc-

ceed in taking her drink. These difficulties increased during the afternoon until 7, P. M., when I first became aware of it. The convulsive movements, or *strong clonic spasms* of the muscles of the face, neck, arms and chest, increased by attempts to drink, seemed now to arrive at their acme, and when I came into her presence, the eye-balls were thrown convulsively upwards, the eyes open and staring, the muscles of the face horribly distorted; respiration nearly suspended, having been, immediately preceding, that of a person walking into cold water. This condition lasted about half a minute. At intervals of from one to five or ten seconds, there were short, sharp and strong jerks of various muscles, principally confined to the upper portion of the body, still continuing. In ten or fifteen minutes, on attempting to give her an antispasmodic, she was thrown into the condition described as when I first saw her, which lasted about the same length of time, a half minute. These paroxysms, so to speak, of convulsions, during the next four hours, were as frequent as once in twenty or thirty minutes, the short, sharp jerks continuing in the intervals with greater or less frequency. The paroxysms were sometimes brought on by attempts to drink, by bodily exertions, and sometimes without an apparent immediate cause. From 8 to 10 o'clock she took no drink, all attempts being unsuccessful, though various means were tried. We could not even get ice into her mouth, though there was no *trismus*.

She was frequently complaining of her inability to drink, as her thirst was great. At an early part of the evening, a warm bath was suggested, with which suggestion she seemed pleased, but when it was ready for her use, the mere information that it was ready produced such shuddering and convulsive movements, with dread and reluctance in her mind, that we were compelled to desist. Her head, upon the upper portion of it, was exceedingly hot, for which we kept ice constantly applied in a bladder. For the first few hours, the functions of the brain seemed unaffected, but then the mind became slightly wandering, confused for a few moments, then clear again; but upon the whole, the confusion increasing. In the latter part of the night, there was an abatement of the troubles. She was still convulsed, but could drink with tolerable ease, though with agitation in the effort. Her pulse had during the night been small, irregular and rapid, the extremities cool. In the morning of April 28th some general re-action took place, or the pulse was fuller and the extremities warmer. At 12, M., the convulsive actions again increased, and were frequent and severe until 3 or 4, P. M., when they again diminished, the powers of the system evidently giving way—the delirium having become constant, and the pulse very small and irregular, her muscular strength diminished, &c., and by midnight deglutition was difficult, and her voice became inarticulate. There was constant watchfulness, with delirium, and after lingering until 9, P. M., of the 30th, death relieved her from her varied and greatly protracted suffering, forty-five days from the first invasion of disease.

Since her death, information was given by an aged and intimate female acquaintance of the family, that when Mrs. L. was from 14 to 16 years



of age, from twenty-five to twenty-seven years since, she was bitten by a favorite house-dog of her own, while it was laboring under some species of fits, with which it died, or for which it was killed, she thinks the latter.

Of these facts the immediate family have no recollection, except that they possessed such a dog.

This case, it appears to me, calls up several questions of great interest, among which are the following :—

Was the gangrene spontaneous, or the sequela of the previous disease ?

Was the convulsive condition at the close, true hydrophobia, or traumatic tetanus ? If the former, it is remarkable as to the time that the virus remained inactive ; if the latter, it is equally so as to its simulating hydrophobia.—*Proceedings of the Ohio Med. Convention.*

#### DR. INGALLS'S CASE OF TUMOR.

[Communicated for the Boston Medical and Surgical Journal.]

THE object of my communication, which was published in the Journal of June 24th, was to attract the attention of medical men to the great variety of quackery now prevalent. I alluded to but two forms, one of which (homœopathy) seems to be distinguished for its impudence and absurdity. In offering some reasons for pronouncing it a humbug, reference was made to the communications of Wm. Ingalls, M.D.

The *gentleman* says I have made a “misstatement,” and in the abundance of his generosity he is kind enough to attribute the error to “an allopathic dose of stupidity.” I wish to assure him that the sentiments contained in his article in the Journal of July 8th, are duly appreciated, and the importance of their *source* fully recognized. The allopathic doses of contumely which he has dealt out for me, compel me to doubt his faith in the principles of homœopathy.

It is not my purpose to acknowledge any misstatement in my former communication, and the subject is alluded to now only for the purpose of saying that it does not appear to be his object to “caution surgeons,” so much as to sing praises to homœopathy.

He says that “in a tumor which bore a *strong resemblance* to an osteocele, of a most intractable character,” the pain was soon relieved and the tumefaction disappeared, after the use of two globules of plumbum, and then asks if the infinitesimal dose of plumbum produced its resolution ; plainly intimating that it did, and then shouts his praises in behalf of his idol. I leave it for the common sense of every reader of our articles to say whether I have misrepresented his sentiments. My “*hebetude* [?] of intellect” must be my excuse for my opinion, for I utterly deny any “dishonesty of purpose.”

It is doubtless true that the inherent power of the human system to overcome disease (call it by what name you may) is frequently overlooked, and remedies may be given unprofitably ; but in cases when this power overcomes the disease, so entirely unaided as it must be by some

of the homœopathic treatment, I am in favor of giving the credit to the proper source. Let a just discrimination decide in any given case whether it needs any artificial aid, and when it is needed, render it; when it is not needed, the system should not be encumbered with any agent, certainly not any possessed with the potency *claimed* for homœopathic remedies, and let the praise of the cure be awarded to the agent that deserves it. It is said that the wounds made by friends are grievous to bear. How many such wounds are inflicted upon the science of medicine by some of those who were formerly its friends, and may have been "professors of anatomy, surgery," &c., in some of our schools, but are now advocating a system which has been justly characterized by Dr. Johnson as "the most impudent insult on the common sense of men that has ever been offered to it in any age or in any country."

I wish to suggest to your correspondent, Dr. Leonard, that if he wishes to treat homœopathically any more cases of "constipation," he can find very high authority in the practice of Wm. Ingalls, M.D., for the use of "five globules of muriate of soda." L. WOODRUFF.

*New Britain, Conn., Aug. 11, 1846.*

#### EXCISION OF THE OMENTUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the following will be of any use to you, it is at your service.

I was called to a man, aged about 30 years, some years since, who, in a fit of delirium tremens, had prepared a dirk-knife, with which he had made an incision into the abdominal parietes, extending each way from the umbilicus six inches, making in the whole extent one foot. Through this aperture, being in an erect position at the time the accident occurred, the omentum majus protruded. Drawing this out with the left hand, he cut off the protruding portion, which measured one hundred and forty-four square inches.

*Treatment.*—The patient being placed in a recumbent position, the protruding portion was returned into the abdominal cavity, by introducing the four fingers of the right hand; then four stitches taken with a curved needle armed with white silk thread. Over this, strips of adhesive plaster were applied, leaving an aperture at the most dependent part of wound, to admit of the discharge of blood, matter, &c. Applying a compress and circular bandage, I directed him to lie as nearly upon his face as he could well endure, in order to favor the discharge of matter from the wound. At the time I was first called, I gave him two ounces of castor oil, directing the same quantity every third day following, as long as confinement, dressing wound every second or third, as the occasion required. This was the treatment in the main, excepting the precaution of using a pad and bandage upon the part, when first beginning to exercise. Diet—gruel, porridge, roasted apple, &c.

At the end of four weeks the patient was up and well. His strength has appeared in no way affected, at least not lessened, nor his digestion

diminished, increased or altered, for nearly three years since recovery. No umbilical hernia.

JOHN H. GUSHEE, M.D.

*Raynham, Mass., August, 1846.*

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DIVISION OF THE INTERNAL RECTUS MUSCLE OF THE EYE.

*Boston, May 16th, 1842.*

To Henry Wheaton Rivers, M.D.

MY DEAR SIR,—Having observed in the Medical Examiner of the 20th of February, 1841, some remarks highly gratifying and complimentary, by Samuel Y. Atwell, Esq., my friend and quondam student, relative to my having described to him the practicability and plan of dividing the musculus rectus internus of the eye, with the view of remedying the convergent strabismus, it may not be improper to state the reason why I did not, whenever an opportunity offered, put the operation in practice.

Not long after I had demonstrated the feasibility of the operation, I met in some medical work with the remark, that strabismus was the effect of the deviation of the antero-posterior axis of the crystalline lens of one eye from that of the other, or, in other words, that the deviation of the axes of the lenses of both eyes did not correspond.

Such is the influence of authority, and such is the habit of taking things on trust, that I abandoned the idea of putting my theory in practice. That there may be a variation in the axis of the lens of one, or the other, or in both eyes, is at least a plausible supposition; and assuming this to be a fact, we can explain many of the phenomena that attend vision.

It is one of the requisites of perfect vision, that the apices of the pencils or cones of light, should impinge against similar spots in each retina. Whenever, therefore, there is a deviation in the axis of either lens, it is the office of the muscles to bring it to correspond with the direction of that of the sound eye. In this way the diverging pencils of rays proceeding from an object, and going to each eye, must be parallel to each other, or the legs of the triangle must be equi-distant to render vision perfect.\* Accordingly, when the anterior pole of the axis is deflected towards the external canthus, the action of the rectus internus is required, especially when we wish to examine an object with minute attention—to bring the axis into a corresponding direction with that of the sound eye, the effect of which is to roll the eyeball inwards, producing the convergent strabismus. The same mode of reasoning may apply to the divergent strabismus.

The anterior extremity or pole of the lenticular axis may point to any part of the circumference of the pupil, so that, in bringing the pencils of light to bear upon an object of vision, certain muscles are brought into action. When it points downwards, the attollens or superbus being

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\* That any person, who labors under strabismus convergent, or divergent, or lateral, or perpendicular, or oblique, sees double, is by no means in accordance with my experience.



brought into action gives to the countenance an air of pride or baughtiness; when it points upward, the deprimens or humilis when acting imparts an expression of humility or meekness; the muscle which enables us to look into the cup while drinking, is called *bibitorius*; the one that enables us to express aversion or scorn, is denominated *aversus*; the functions of these muscles, indicated by their names, may become permanent, by a deviation of the lenticular axes from the perpendicular.

The intermediate gradations between the imperceptible deviations of the axes of the lenses and those of the opposite extreme, are infinite. They give a cast to the countenance expressive of character; and, within the range of certain limits, are not incompatible with beauty.

But, as it is the generally received opinion, that *strabismus* depends on the shortening of one or more muscles of the bulb of the eye, and as the division of them promises, and, indeed, from the interesting cases you have presented to the public, the operation appears to be attended with success, I must yield the palm to the test of experience.

Yours, respectfully, WILLIAM INGALLS.

#### “TYPHUS FEVER.”

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As a reader of your Journal, I hope short articles on the nature and treatment of typhus fever, will continue to appear, from the store-house of the experienced; believing much practical benefit may be gleaned even from conflicting opinions. That “*idiopathic typhus fever*” consists in a primary derangement of the nervous system, the result of the introduction of a poison, I believe. Excessive heat, watching or study, long-continued exertion—especially in a standing position—scanty nourishment, and the depressing passions, or any other circumstance that exhausts the nervous influence, opens the way for an infectious effluvia to seize, with a formidable grasp, the nervous system, which, were it not for its exhaustion, might resist the foe unscathed. As the poison seizes with greater or less comparative force, we see thought, volition and sensation interrupted.

As the nervous influence is the moving agent of the whole organization, it is a fair conclusion, that with morbid derangement of the former we shall have derangement of the latter. The nervous influence that keeps in healthy action the extreme capillaries, being in a deranged condition, we necessarily shall have a deranged secretion of the kidneys, with dark, scanty urine; of the skin, causing dryness and heat; of the stomach, causing nausea, thirst, and loss of appetite; of the alimentary canal, causing costiveness or diarrhoea. By these deficient secretions the nervous system is in its turn still more depressed. The treatment, from this synoptical view, is at once presented, when there is no local derangement amounting to congestive inflammation. A mild cathartic, and sometimes an emetic, cannot be otherwise than useful, though their use has been greatly abused. When there is fulness of blood, abstract, so as

to relieve the moving power of unnecessary labor, which might otherwise still further exhaust the already deranged and weakened nervous system. Early bloodletting, too, is a great desideratum in the prevention of congestion. It also enables the lungs to arterialize the blood more perfectly. The nervous system is best sustained by a due supply of well arterialized blood, and to this end the lungs should be kept free from congestion, and the system well supplied with a bland, fluid nourishment. Saline and antimonial sedatives may be used when there is great action of the heart, with decreased action of the capillaries. Avoid all kinds of stimulants; they may arouse the nervous influence for the time, but as typhus fever passes slowly along, they cannot be depended upon only to the injury of the patient, excepting at that nice point which can only be learned at the bed-side, viz., when the skin has grown cold and clammy, the pulse flickering, and the impulse of the heart extremely feeble. You may then give wine, and perhaps "cure your patient by preventing him from dying." As opium checks the secretory action, use it sparingly, unless there are excessive secretions. Calomel increases secretion, and may in small quantities be used advantageously.

I have not written the above for the purpose of instructing, but rather that I may stand corrected wherein I err.

H. M. HOOKE.

*Hudson, N. H., August, 1846.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 26, 1846.

*National Institute—Medical Interrogatories.*—One of the interesting and important subjects under the consideration of the National Institute, at its last session at Washington, was the sanatory condition of the United States. A committee was raised to conduct the inquiry, of which James Wynne, M.D., of Baltimore, was chairman. In order to facilitate the researches of the commission, it would greatly oblige the gentlemen composing it, if the following questions could be answered and forwarded to Washington. The replies should be put in the form the writer would prefer when printed in the report of the committee, and directed to the Representative in Congress from the district from whence it is sent. James Wynne, M.D., of Baltimore; Prof. Thomas, Columbian College, Washington; and Dr. Washington, U. S. Navy, constitute the committee. The late Drs. Sewall and Buck were also of the number.

The following are the medical interrogatories.

1st. What is the medical topography of your district, and the influence of its soil and climate over health and disease?

2d. What has been the effect of agriculture, the clearing of forests, and the draining of soils, upon the climate and health of the inhabitants?

3d. What manufactories or large towns are there in your district, and what is their effect on the health of those exposed to their influence?

4th. What evils operate in the towns requiring municipal interference?

Are they deficient in a supply of water, drainage or cleanliness, and how remedied?

5th. In towns, what amount of population, and what provisions for public squares.

6th. What epidemic or endemic diseases have you observed, and to what cause are they to be attributed?

7th. What is the annual number of deaths, births and marriages to each thousand of your population? transmit your bills of mortality, if any.

8th. Are there are any remarkable instances of longevity, and what is their age and mode of life?

9th. Are there any retreats peculiarly favorable for invalids affected with pulmonary complaints, or any medicinal springs, and their qualities and effects?

*Laboring too much.*—People do not have relaxation enough in New England. They too generally have a care-worn expression, from infancy to age; and the fact cannot be denied, that anxiety is a weariness to the flesh. We are all utilitarians in this country, especially in the northern States, hardly affording ourselves opportunity for eating or sleeping in the manner which nature demands—for she can only conduct her chemical operations properly, and re-adjust the deranged vital machinery, while we are quietly slumbering. We recruit ourselves and grow fat during a refreshing nap—but exhaust the system, both physically and mentally, in pursuing to excess the ordinary round of every-day business. “All work and no play makes Jack a dull boy,” is a proverb based on a profound knowledge of the laws of our being.

Females, in New England, are worse off than the other sex in the deprivation of out-of-door relaxation, as custom has made it vulgar to breathe the fresh air of heaven, unless it is done in a very lady-like manner. Hence they make feeble mothers—look thin, sallow, lank, and die by thousands, prematurely, of diseases that never would have been developed had there been less education of the mind, and more of the body, in girlhood.

A sad mistake is produced by a too implicit belief in the adage that “time is money,” since the first object of pursuit is, in consequence, made to be cash. Those who attempt to rest reasonably from their labors, at proper, periods are either afraid of not having enough, or are perpetually reminded that idleness ends in want. So the shuttle flies faster than it ought to go; the farmer cheats himself out of all that is worth having, health, by denying himself and his boys a holiday, because time is money and example is every thing; merchants in cities toil for the immediate benefit of thieves and paupers—paying taxes in proportion to their income—and leave the world unsatisfied, having never found themselves ready to rest and take comfort. We work too much and too long in New England.

*Extra Army Surgeons.*—In the list of temporary Surgeons to the Volunteer troops, Indiana, Illinois and Kentucky seem to have had the preference over the other States. The New Orleans Jeffersonian complains, and with reason, too, that although thirty Surgeons have been appointed



by the President, there is not one belonging to Louisiana. Dr. Seymour Halsey and Dr. John Thompson, recently commissioned, are from Missouri. It should be recollected that these newly-created staff surgeons are to be dismissed when the army is disbanded. They are not in service for life, like those who gain entrance into the government employment through examinations, promotions, &c. Nor can they stand in the way of those regular gentlemen, or leap over their heads, to get, either by hook or by crook, a permanent income. When the war has ended, all the new surgeons will be permitted to return to their peaceful homes, to resume practice.

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*Severe Criticism on Velpeau's Surgery.*—On the fiftieth page of the July No. of the Western Medical Journal, commences one of the most caustic articles that ever appeared in that periodical, on Dr. Townsend's translation of Velpeau's Operative Surgery. It is not the object of the reviewer to undervalue the writings of M. Velpeau, but to exhibit the alleged vanity and weakness of Dr. Townsend in flattering Dr. Mott.

"Medicine is an idle waste of thought,  
And Mott is everything and everything is Mott,"

says the writer, who has mustered all the reserved forces in literature to crush, at the onset, the hopes and expectations of the man in whose opinion, "No name that adorns these annals, either in the battle field or in the councils of government, or in its diplomacy, that has added more sterling reputation and abiding lustre to the intrinsic glory and future fame of America, than that of Valentine Mott, unaided and ungilded though that name may be by the insignia of office or power."

Further specimens of the cutting sarcasm of the author of the paper, or the manner of goading and fretting his game, need not be copied to show how or why the onslaught was made. Without seeing the matter in the same light as the reviewer, or imputing such motives to Dr. Townsend as seem to have been suspected to have called forth this keen rebuke, we hope both parties may live long enough to forget and forgive each other.

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*Quackery run Mad.*—Large handbills have been thrown into shops over the city of Boston, bearing the following advertisement:—

"*Mesmerism.*—Dr. M. D. Lunt would respectfully inform the inhabitants of Boston, that he has taken rooms at No. 1 Alden Lane, Court St., where he will attend to the examination of diseased persons, by a female clairvoyant, who will give the diagnosis of disease, by communication with the person, or by a lock of hair from the back of the head; or in fair weather, by *having the distance and point of compass!* Having practised for the last twelve years, he would confidently recommend it to the afflicted, as the surest and safest course to be pursued for restoration to health and happiness."

Was there ever a more barefaced imposition attempted in an age of boasted intelligence? Gross as it is, however, the very improbability of fulfilling a particle of what is promised, will be the means of raising a whole regiment of believers in the tomfoolery of animal magnetism, who will not only visit Alden Lane with locks of hair, but will give the lati-

tude and longitude of the residence of greater asses than themselves. But that is not all—they will pay generously for being imposed upon, and walk away with heartfelt thankfulness that Providence has raised up such a wonderful man as this mesmerizing advertiser, Lunt, to heal their infirmities. This is a fair specimen of the thriving every-day quackery in the city of Boston, the reputed Athens of America!

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*Braithwait's Retrospect, Vol. XIII.* Boston, Jordan & Wiley, 20 State street.—This valuable digest of all new facts and discoveries in Medicine and Surgery, culled from the medical periodicals and literature of the world, is naturally finding favor with the profession. The present volume contains 395 closely-printed 8vo pages. This increase in the size of the London work rendered it necessary to increase the subscription to \$1,50 yearly, which leaves it still one of the cheapest of works.

Messrs. J. & W., who are agents for most of the medical periodicals, are receiving names for a cheap, yet good, re-print of the British and Foreign Medical Review. Those disposed to encourage it can send their names to them. Copies of the London edition are now supplied at \$6.

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*The Mesmerizer's Oration at the Royal College of Physicians.*—An oration was delivered on Saturday, June 27th, by Dr. Elliotson, before an auditory including all the mesmerists in London, and some from the Provinces. The oration contained sketches of Linacre, and his foundation of the College—of Harvey and Jenner, and the persecution which sought to impede their great discoveries. The point from which the orator started, and which colored his discourse throughout, was the language of Harvey himself in his bequest to the College, counselling its members to be assiduous in their inquiries into Nature “by way of experiment,” and to live in friendship with each other. At the close of the oration, which contained eulogistic allusions to men distinguished for the practising that precept, such as Gilbert, Thomas Brown, and others, Dr. Elliotson brought its application nearer home, by a bold avowal of opinions and beliefs to which he has lately committed himself. The style of delivery was not always very audible or correct, and the applause when Dr. Elliotson had ceased, was chiefly among the mesmerists by profession. The Lord Chief Baron, Mr. Justice Maule, the Bishop of Oxford, the Dean of Westminster, the Vice Chancellor, the Master of the Rolls, Sir R. H. Inglis, &c., were among the audience. Among the members of the profession were Drs. Bright, Watson, Latham, Forbes and Addison. Sir James Clark and Dr. Chambers were *not* present.—*London Lancet.*

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*Cholera at Ahmedabad.*—The Bombay Times of May 16th, states, that by letters of the 11th inst. from Ahmedabad, accounts have been received at that station from Major Hale, dated at Kunnas, about ninety-five miles from Mhow, stating that they had had 310 cases of cholera in the 22nd Native Infantry, of which 152 had proved fatal! The surgeon, Dr. Arnott, had been attacked with the disease, and was, at the date of the last letter, the 6th, in a very precarious state, his native assistant being in a worse condition than himself. At Ahmedabad, the 8th Native Infantry

lost, on the night of the 10th, one native officer and four sepoys; the 26th, one sepoy, and the Cooly corps continued to lose men from the same disease. The want of medical men at Baroda is loudly complained of.

*A Family Poisoned by a Glazed Dish.*—On Saturday, the 6th of June, the mother of a family of three children, in Berwick, bought a large earthen dish, which she immediately put to use by sending it to the bake-house with a quantity of fish. After the meal had been prepared, the entire family (consisting of the mother, two sons and a daughter) partook of it, and shortly afterwards they became seriously ill, exhibiting signs of being poisoned. A surgeon being sent for, and proper antidotes applied, they are now recovering. The cause is supposed to have consisted in the material used for coating the ware not being properly mixed, and too great a quantity of white lead being used.—*Glasgow Courier*.

*Medical Miscellany.*—Dr. Samuel Kennedy, recently tried at New Orleans for the murder of Mr. Wait, in 1844, was acquitted.—A fatal disease exists among the horses near Cambridge, Md.—From Havana word comes that there is a great amount of sickness in the American squadron. There is also much sickness in the army on the borders of Mexico.—Dr. John La Conte, of Savannah, has received the appointment of Professor of Natural Philosophy and Chemistry in the University of Georgia.—Cholera, of a domestic origin, is quite prevalent in England, attributable to atmospheric influences.—Indications of the Asiatic cholera have appeared in Spain, which has induced the profession to issue a circular to the people, advising them how to conduct themselves in regard to diet.—Dr. Jones, of Pike, Georgia, is a candidate for Congress.—Drs. Daniel M'Phail, of Tenn.; George Penn and Geo. Johnson, of Missouri, and A. Parker, of Texas, have been appointed Surgeons in the U. S. Army; and Drs. Wm. D. Dorris, of Tenn., Thos. M. Morton and Richard H. Stevens, of Missouri, E. Tucker and Richard P. Ashe, of Texas, Assistant Surgeons.—The weekly report of deaths in Boston last week shows a remarkable state of good health among the adult population, but a mortality among infants unusual even for this season of the year—71 out of the 88 deaths being of children under 5 years!

**ERRATUM.**—In the Journal of August 5th, page 15, line 9, the Recipe should read—Hydriod. potass., 3iij.; cerat. simplex, 3j. M.

**MARRIED.**—Dr. J. F. Head, U. S. A., Boston, to Miss K. Apthorp, of N. H.—At Andover, Mass., Walter Kimball, M.D., to Miss M. Gage.—At Bangor, Me., George Augustus Shurtleff, M.D., of Wareham, Mass., to Miss M. Jane Nye.—At Leominster, Dr. James M. Whittemore, of Brighton, to Miss Catharine H. Carter, of Lancaster.

**DIED.**—At Nauvoo, Illinois, the Mormon city, Dr. Wm. C. Matlack, editor of the Eagle. At Springfield, Mass., Dr. James Swan, 52.—At Paris, Dr. Suberville, 94—remembered as a prominent person in storming the Bastille.

*Report of Deaths in Boston*—for the week ending Aug. 22d, 88.—Males, 55, females, 33.—Stillborn, 5. Of consumption, 1—disease of the bowels, 37—cholera infantum, 11—diarrhœa, 2—convulsions, 1—dropsy on the brain, 2—infantile, 9—typhus fever, 2—measles, 3—croup, 1—child-bed, 2—paralysis, 1—marasmus, 2—cholera morbus, 3—dropsy, 1—sudden, 3—lung fever, 1—teething, 1—inflammation of the lungs, 1—scarlet fever, 2—chickenpox, 1—dysentery, 1.

Under 5 years, 71—between 5 and 20 years, 4—between 20 and 40 years, 7—between 40 and 60 years, 4—over 60 years, 2.



**Vaccine Institution.**—The national vaccine board, in their report to Sir James Graham, printed June 16th, announce a considerable diminution in the prevalence of smallpox during the past year, and a further confirmation of the conviction which they have repeatedly expressed of the protective influence of vaccination, whenever the operation has been duly performed, and the progression of the vesicle carefully watched and guarded during its advancement and decline. "It is true," the board add, "that we have from time to time received complaints with respect to the failure of vaccine lymph; but we have investigated such cases, and feel justified in stating, as the results of our inquiry, that the imputed failures have not been due to any imperfection in the lymph itself, inasmuch as lymph taken from the very same source, and under the very same circumstances as that which had been condemned as inoperative, has proved completely effective in numerous other cases; but that the failures in question are to be referred to the operation of circumstances which are unfortunately wholly independent of the control of the vaccine board. We regard as erroneous the belief that the vaccine virus undergoes deterioration by being kept; in proof of which we are prepared to establish, by unquestionable documents, the striking fact, that lymph which had been conveyed to and from India has retained its protective properties wholly unimpaired after a lapse of twenty years. We have to announce the receipt of statements from New Zealand of the unqualified success of lymph supplied by our board, especially among the native population of that island."—*London Lancet*.

#### MASSACHUSETTS MEDICAL COLLEGE.

THE Medical School of Boston is about to re-commence its annual course of instruction, under advantages greatly exceeding those which it has been able to offer in any former period of its history.

A new and elegant Medical College, of ample dimensions, is now in the process of erection, and will be completed in season for the coming course of lectures. It is situated in Grove Street, on the land, liberally given by Dr. GEORGE PARKMAN, near the Hospital, in a quarter of the city highly convenient for the lodgings of students. Its museum and collections for illustrating the different courses, is most ample, and in some respects unequalled in this country.

The Massachusetts General Hospital has been enlarged by the addition of two spacious wings, which render it capable of containing more than double its former number of patients. And the increase of its permanent funds, from the numerous and large donations of the last few years, will enable the trustees to meet the expense attending their support.

The Lectures will begin at the new Medical College on the first Wednesday in November, and continue four months, as follows:

|                                                |           |                         |
|------------------------------------------------|-----------|-------------------------|
| On Anatomy and Surgery,                        | - - - - - | by JOHN C. WARREN, M.D. |
| On Chemistry,                                  | - - - - - | JOHN W. WEBSTER, M.D.   |
| On Clinical Medicine and Materia Medica,       | - - - - - | JACOB BIGELOW, M.D.     |
| On Principles of Surgery and Clinical Surgery, | - - - - - | GEORGE HAYWARD, M.D.    |
| On Obstetrics and Medical Jurisprudence,       | - - - - - | WALTER CHANNING, M.D.   |
| On Theory and Practice of Medicine,            | - - - - - | JOHN WARE, M.D.         |

The students attend any or all the courses as they see fit. The collective fee for all the courses is \$75. The fee for matriculation is \$3, payable only by those who attend for the first time in this institution. The graduation fee is \$20. The ticket for the dissecting room is \$5. Admittance to the Hospital and the use of the Library are gratuitous.

Board is as low as in any of the Atlantic cities.

Practical anatomy is now amply provided for by law of this Commonwealth.

The vast increase which has lately taken place in the population of Boston, the numerous avenues and extensive commercial relations, by which it is now connected with all parts of the country, its extensive and unrivalled public charities, its Hospital, its Dispensary, its Eye and Ear Infirmary, its House of Industry, the Marine Hospital at Chelsea, the scientific collections of mineralogy and of pathological and comparative Anatomy, as well as the proximity of Harvard University, of which the Boston Medical School is a department—are circumstances which point to this city as a most convenient and profitable residence for the medical student, while the thorough and complete course of instruction given at the College and Hospital it is believed have distinguished the graduates of this University among those of the United States.

July 4.

July 15—t Nov 3

W. CHANNING, Dean.

#### CHARITABLE INFIRMARY.

THE Subscribers will attend to diseases of the poor, and where necessary, perform surgical operations gratuitously, at No. 1 Carver street, between 11 and 12 o'clock, on Mondays and Thursdays.

WINSLOW LEWIS, Jr. M.D.  
S. CABOT, Jr. M.D.

March 18.—ep6m

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 5.

EFFECTS OF THE POTATO DISEASE IN THE HUMAN SUBJECT.

THE following cases and observations on the deleterious effects of diseased potatoes have been communicated to the Dublin Quarterly Journal of Medical Science, by Dr. John T. Banks, Physician to the Whitworth and Hardwicke Hospitals.

“Bryan Gogarty, a laborer, aged 51, with three of his family—a girl aged 22, and two boys, one aged 14, and the other 5—were admitted into the Hardwicke Hospital on the 24th of December, 1845; they had been ill for six days before admission.

“On Thursday, the 18th, Gogarty and his family, seven in number, breakfasted, dined and supped, on potatoes, which, according to his statement, appeared sound and good before they were boiled, but afterwards exhibited black spots and fibres in their structure.

“They were very sweet, in consequence of which (to use his own expression) ‘the children leaned very heavily upon them.’ About an hour after breakfast, the father and three children experienced a sensation of uneasiness in the stomach, which soon amounted to pain, and extended to the abdomen, following the course of the colon; they also suffered from severe pain in the back, and difficulty in passing water. The other members of the family who ate of the same potatoes did not suffer in any respect, and this the father attributes to the fact of their having peeled the potatoes, and to their having removed the bad parts, a precaution which he himself and the three children had neglected to take.

“Previously to their admission into the Hospital they had all been under the care of Surgeon Maguire, of the Netterville Dispensary, who had treated them for constipation of the bowels and retention of urine; the usual remedies had, however, failed to produce any effect. The symptoms which were noted on their entering the Hospital were the following:—the countenance was expressive of pain, and the features were sunken; shivering, coldness of the surface, swelling of the abdomen, with excruciating pain and tenderness on pressure; the region of the bladder was distended; the pulse was weak and rapid. Pain of an acute character was referred to the anus, which on examination was found perfectly patulous and exquisitely tender to the touch. Surgeon Maguire informed Mr. Birch, the clinical clerk, that two of the four patients had prolapsus ani when he saw them, which was probably caused by the vio-

lent and ineffectual efforts to discharge the contents of the rectum. There had not been an evacuation from the bowels, nor had they passed water, except in drops, and with extreme suffering, for six days. On introducing the finger into the rectum, which caused acute pain, it was found that the intestine was completely filled, to within an inch of the orifice, with a solid substance. A peculiar and most offensive odor was immediately perceptible on approaching their beds.

"Twelve grains of calomel were administered to the father and daughter, and eight to one and six to the other of the younger children; a hip-bath was directed for each, and the removal by mechanical means of the contents of the rectum, and also the introduction of the long tube, by means of which warm water and oil were to be thrown up.

"Mr. Birch removed an enormous quantity of the substance which was found in the rectum; it very much resembled the *debris* of apples after the cider had been expressed; its odor was remarkable, and was not in the least like that of *feces*, and there was total absence of bile; it adhered very closely to the mucous membrane; portions of it were quite hard, and, as it were, glued to the folds of the intestine.

"The catheter was introduced, and much urine, of a dark color and disagreeable smell, drawn off. The girl would not submit to the operation of removing the hard masses from the rectum, but enemata were administered, and she passed balls which resembled horse-dung.

"25th.—All the males appear much better; the evacuations of the youngest are natural; the boys pass water freely; the father is still unable to do so without the aid of the catheter. The girl is somewhat feverish; she has submitted to treatment, and a large quantity of the substance before described was removed from the rectum, after which the long tube was easily passed up its entire length, and a purgative enema administered; she complained in the evening of cramps in the upper extremities; castor oil and turpentine, in the form of emulsion, was presented.

"Towards the evening of this day, the father seemed very weak; the countenance was of a dusky hue; the surface cold, and the pulse so very feeble that it was deemed expedient to give stimulants; the evacuations passed involuntarily, and consisted partly of the substances mentioned above and partly of fluid feculent matter.

"26th.—The father much improved, his pulse stronger; no healthy evacuation; the use of the catheter still required. The girl also better, but continues feverish; the elder boy suffers a great deal from pains in the abdomen, his evacuations come away involuntarily, but they contain some feculent matter of a natural appearance. In each there is much tenderness of the anus, which has been kept constantly stuped with decoction of poppies; castor oil and Batley's sedative liquor of opium, were ordered.

"27th.—The evacuations of the father and daughter are still unhealthy; they all pass water without the aid of the catheter; the dejections of the youngest boy are no longer involuntary.

"28th.—They all occasionally experience pains in the abdomen, which are relieved by turpentine fomentations and the hip bath. On ex-



amination it was found that the rectum of the girl still contained some of the hard substance; the operation was therefore repeated, and nearly as much as on the former occasion was removed.

"29th.—The two boys may be now said to be convalescent; the father and daughter remain as in last report; the evacuations in both are involuntary, but they are of a natural color; the father occasionally requires to have his urine drawn off by the catheter. There was no marked change in their condition up to the 3d of January; on the 4th the girl was quite free from any symptoms except weakness. The father, who is the only one now under treatment, continues to pass the evacuations involuntarily; and frequently requires the catheter. The retention of urine seems now to depend upon spasm, for there is difficulty in introducing the catheter, and it is found necessary to place him in a warm bath; he sometimes suffers from cramps. Opiate suppositories directed.

"January 5th.—The urine passed freely; evacuations still involuntary; but he is much improved in every other respect.

"15th.—The father is now convalescent, but complains of debility.

"I am indebted to my friends, Drs. Hill and Aldridge, for an accurate microscopic and chemical investigation of the evacuations. They were found destitute of any feculent appearance or odor; they consist of large patches of potato peel, mixed with spongy balls of very decayed woody fibre, in which all traces of structure seem to have been lost, except in the fragments of peel; there was no appearance of regular cells, vessels, or even of starch globules in the dark-brown, soft and spongy masses, but a large quantity of minute, dark-colored bodies or granules, were seen adhering to the peel, which resembled very closely the sporidia of the fungi found in unboiled diseased potatoes. The odor is sour, like that of vinegar, but mixed with something very disagreeable, approaching that of coal tar. The re-action is acid, and when concentrated sulphuric acid is mixed with some of the brown mass, fumes of acetic acid are copiously disengaged. When a little of the mass is mixed with water of potash and heat applied, ammonia is liberated in such abundance as to show that the acid must be present in very considerable quantity to overcome its re-action. Not a trace of starch, gluten or albumen could be detected. Drops of oil are visible in the mass submitted to the microscope, and this oil can be extracted by ether, when it is found to be colorless and volatile. The ammonia in this case may be supposed in great part to originate from the putrefaction of the nitrogenous elements of the potato; the complete destruction of the starch is remarkable, and it is probably from this cause that the acetic acid proceeded. What is the origin of the oil it is not so easy to divine; it is evidently different from the yellow fatty oil which naturally exists in the raw potatoes, and is destroyed by cooking; the nearly entire absence of the alimentary excretions in these discharges is also worthy of notice.

"In the foregoing cases purgatives had been freely employed before admission into Hospital, but they utterly failed to produce alvine evacuations. I am persuaded that nothing short of the removal, by mechanical

means, of the enormous masses of undigested matter, would have proved effectual. The constipation may have been caused by over-distention, producing paralysis of the muscular fibres of the intestines; but mere dilatation would scarcely account for the paralyzed state of the sphincter ani, and for the retention of urine. The inference then appears obvious, that the blighted potato exercised some influence beyond that which can be accounted for simply by over-distention and mechanical obstruction. I am not aware of any disease hitherto described, which presents symptoms precisely analogous to those in the cases which have been detailed. If we consider the diseased potato in the light of a poison—and doubtless it gave rise to a series of phenomena in these cases, which would probably have eventuated in death, if means had not been adopted to remove or mitigate the urgent symptoms—to what class of poisons can we refer it? In what toxicological group are we to include it? A place cannot be assigned it among irritants, narcotics or narcotico-acrids. Some of the most marked symptoms which these deleterious agents occasion, were absent in our cases. Delirium, the most prominent symptom of poisoning by the solanæ, was not present. The berries of the potato (*solanum tuberosum*) have proved poisonous, but I am unacquainted with any previous record of the boiled tuber having proved injurious to man or the lower animals. The most remarkable and interesting symptom was the perfectly patulous state of the anus; this condition remained after the masses of accumulated matter had been removed; when there ceased to be any evidence of the intestinal canal containing more of this peculiar substance, the sphincter was still powerless, and the dejections flowed away involuntarily. In all the cases there was retention of urine, and at times it was found impossible to introduce the catheter, owing to spasm of the urethra, which always, however, yielded to the warm bath. From the identity of the symptoms in the four cases, and from the nature of the contents of the intestines, I apprehend there cannot be a doubt as to the disease having been induced by eating largely of potatoes far advanced in decay.

“The useful and practical deduction from this fact is, that it is expedient to prevent, as far as possible, the consumption of potatoes which are not positively sound. It may be said that numbers of persons must have eaten of potatoes in a like state, and why is it that similar consequences have not followed? In reply, I would say, that it is probable a moderate quantity of blighted potatoes, more especially if mingled with other articles of aliment, might be eaten with impunity, but, that when potatoes form the *only* food, there are strong grounds for the presumption that disease would be induced. If, in four instances, we can trace the effects to the cause unequivocally, it would be absurd to suppose that they are to be isolated cases. The disease having yielded to treatment, no opportunity presented itself of ascertaining the morbid changes upon which the symptoms depended. I have consequently not ventured in the preceding remarks to hazard an opinion as to the precise nature of the disease. Nevertheless, I conceive it to be the duty of a physician, at all times, to lay before the profession the unusual and remarkable

cases which come before him, and, acting upon this conviction, I have been induced to record these examples of an affection which must, under existing circumstances, be replete with interest."

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#### THE DRESS OF PATIENTS IN LUNATIC ASYLUMS.

[FROM "Lectures on the Construction and Government of Lunatic Asylums," by John Conolly, M.D., Physician to the Lunatic Asylum at Hanwell, and now in course of publication in the *London Lancet*, the following remarks are copied.]

The clothing of patients in an asylum of any description merits very careful attention, both as one of the means of preserving health, and as one of the things re-acting on the mind. Among the most constant indications of insanity are to be observed negligence or peculiarity as to dress; and many patients seem to lose the power of regulating it according to the seasons, or the weather, or the customs of society. As regards the clothing of the pauper lunatic in a county asylum, it is especially desirable that it should be warm, both in the winter and in the changeable weather of the autumn and spring, and cool and unirritating in the summer. The vernal excitement so distinctly visible in the wards, seems to suggest particular attention to the clothing at the season when the temperature becomes rather suddenly elevated, after the severities of the winter and early spring. The irritability of some of the patients, and the coldness and increased feebleness of others, show the importance of warm winter clothing for patients suffering from various forms of nervous disturbance, many of which seem to interfere with the function of animal heat. Many of the insane, also, are predisposed to pulmonary consumption, and a flannel waistcoat or drawers are indispensable to them, as well as to those who become depressed and inactive in severe weather. Warm worsted stockings, and cloth boots or shoes, kept in good repair, are very essential to some of them. The slovenly character given to most of the imbecile and maniacal patients by the falling down of their stockings over the ankles, might be avoided, I imagine, by the structure of the upper part of the stocking being assimilated to that of children's half-stockings, which are easily kept up; or an elastic band at the top of the stocking might be convenient. Garters are generally lost or misapplied, and strings are inconvenient or useless. In these matters, the physician should be aided by female sub-officers, willing to learn and ready to assist. Boots made of cloth are much worn at Hanwell, and seem very useful; if necessary, they are fastened on by a small lock, instead of a button. Stout linen is the material used both for men's shirts and women's under garments at Hanwell. Some of the female patients, unaccustomed to coarse apparel, complain of the skin being irritated by the linen, and calico is occasionally substituted for it. The men have clean shirts twice a week, and the attendants and officers should not permit them to be worn without buttons. A great number of the patients will keep themselves clean and neat if allowed to do so, and they should



be in every respect assisted and encouraged in it. The best outer clothing for both the male and female patients in winter is woollen cloth. A gray broadcloth is worn at Hanwell by the men, and gray linsey gowns by the women ; but some of the women find a woollen gown oppressive, especially if they are employed, and cotton dresses, or linen check, of various patterns, or merino dresses, are provided for them. In the summer, the woollen gowns are certainly too warm, except for very weak and inactive patients. The number of female patients who go about bareheaded is always greatest where there is the most neglect. It is not natural to the woman to neglect the dress of her head, and if the faculty is impaired, care will often restore it. When convalescence is commencing, the patient generally becomes more cheerful if some assistance is given her as regards her dress for Sunday ; and of this a neat, or even a pretty cap, is an important part. The men also, when recovering, often ask for better clothing to go to chapel in. The attendants should set a good example. Slovenly attendants generally increase the number of dirty patients. No mistake is greater than that of supposing that being dressed in unbecoming clothing, in stuff gowns, and in mob-caps, is either a virtue in itself, or an incentive to virtue. Such sentiments form part of a gloomy and selfish system, including mortifications and degradations, especially unfavorable to goodness of any kind, and only gratifying to those who impose them. Such dresses are especially distasteful to English women of any class ; they always discard these outward signs of poverty as soon as they are raised above the lowest condition of pauperism. A neglect of this really proper feeling is a frequent cause of discontent in asylums, and sometimes retards recovery.

Uniformity of dress is chiefly desirable as a check on escapes ; but may, in numerous cases among the female patients, be wholly dispensed with. Many of the women should indeed be indulged in wearing neat articles of dress brought to them by their friends ; there are even some whom it is impossible to soothe without this indulgence. As regards the male patients, uniformity of dress contributes greatly to their general good appearance, as a variety of male dress cannot be so neatly preserved as to avoid a miscellaneous shabbiness, from which female dresses, however cheap, are exempted by the care of the laundress. Good gray cloth, perhaps, preserves a decent appearance longer than cloth of any other color, and it will bear frequent washing. Many of the men, on first admission, object to the round jacket worn at Hanwell ; and certainly a short coat would be more becoming—its cost would only be a few additional shillings. Every male patient should be provided with a cotton neck-handkerchief of a dark color, or a stock ; and a straw hat or cap for the summer, and a black hat for the winter. A strong cotton cap, gray or striped, the crown having a thick lining or light stuffing, to protect the head from the direct rays of the sun, is found very convenient. But it is best, in regard to the handkerchiefs, and the covering for the head, to allow the patients to choose that color or kind which they prefer. Much comfort is imparted to many of the old and feeble male patients in the winter, by wearing a large cloth cape when out of doors ; it is put

on without trouble, and keeps the patient moderately warm, without impeding any kind of exercise.

It is scarcely necessary, I hope, to express my extreme disapprobation of dressing male pauper-lunatics in poorer clothing than I have described, as in old leather breeches, and soldiers' jackets, dyed ; excesses of economy which I have sometimes witnessed. In short, in regulating the dress of insane patients, as in every regulation for them, we must consider not only its first and indispensable uses, but its effects on the mind.

Our most intelligent male patients are always dressed with neatness, and are anxious to observe cleanliness in every respect. A suit of gray clothes, taken care of by such patients, looks well even after six months' wear ; and dresses so worn are still fit for wards in which the less intelligent patients are, who require frequent changes of clothing. Those who are employed in the farm and gardens, of course soil and wear out clothes sooner ; but the average of suits of gray clothing supplied, is one suit and a quarter per patient in a year, the cost of which is about twenty-three shillings. The average cost of the whole clothing of the patients is about one pound and fifteen shillings per annum per head.

Many private asylums are open to the charge of great neglect as respects the dress of patients of the classes far above pauperism. Tattered and threadbare coats, very shabby hats, trowsers not always free from an offensive smell ; and equally slovenly dresses on the female side of the asylum, shoes out of repair, hair in curl papers, make the unfortunate patients objects of pity or of ridicule. They feel themselves degraded, lose their self-respect, and with it the little self-control their malady has left them. It is true, that in some cases the patients will not dress themselves properly, that they have an affection for old and ragged garments, and insist upon their being fit to go to court in, and are violently offended if better clothes are substituted for them ; but such cases form only a small proportion in any asylum ; and in many instances, habits of personal neatness may be long preserved, and in some restored, after being long lost. Even an apparent disregard for cleanliness sometimes proves to have been the result of previous neglect and ill-treatment. Patients are often brought to Hanwell who are reported to us as uncleanly, but who do not prove so when properly attended to. Others, who have been pronounced uncleanly, and sent to wards appropriated to such patients, have recovered the power of keeping themselves neat, and avoiding any uncleanly habits, after some accident has caused them to be subjected to the superintendence, and benefited by the care, of the attendants in the infirmaries. Such cases are not very frequent, but they prevent despair in circumstances which appear hopeless.

The rule should be, in private asylums, that each gentleman should be encouraged to dress according to his station, and to be at least as careful of his whole dress, his boots, his hat, his gloves, as he used to be when well. Ladies should not be allowed to forget that they are ladies ; but should be required to dress appropriately, both in the morning, and for dinner. Their friends are sometimes more in fault than they, and

the patients are disfigured against their will ; but they should not be thus permitted to fall into a negligence which is characteristic of advanced and incurable forms of disorder.

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### TUMOR OF THE ORBIT.

By R. L. Howard, M.D., of Columbus, Ohio.

MRS. REBECCA POPE, aged 40 years, of light complexion, spare habit, and the mother of several children.

This lady was brought from Fairfield Co., O., to Columbus, about one year ago, at the time when the Ohio State Medical Convention was in session, for the purpose of consulting some of its members concerning a large and nodulated tumor which completely filled the orbit of the left eye. The history of the case is nearly as follows. At the early age of 12 years she noticed the sight of the left eye began to fail, and continued to do so until she was 17, when the sight was entirely lost, and the eye itself so prominent that her physicians supposed it to be a dropsical enlargement, for which they punctured the globe. Nothing escaped of consequence, but a violent inflammation supervened, which occasioned a collapse and atrophy of the organ. For about twenty years she experienced no particular inconvenience from it ; but about two years previous to her visit to Columbus, she began to feel some uneasiness and pain, together with a decided increase of morbid growth in the socket. The symptoms became so alarming, that she now resolved to seek relief.

At that time she was visited and examined by Drs. Mussey and Judkins, of Cincinnati, and several of the older members of the Convention, who were unanimously of the opinion that the tumor was *probably* malignant, and that the only chance of relief would be found in an immediate extirpation.

The tumor itself completely filled the orbit, and projected considerably beyond the brow and malar prominence. It seemed firmly fixed in its position, and quite immovable. Upon its anterior surface was imbedded the globe, flattened and diminished to one eighth its natural size. The palpebræ were widely separated, and unable to cover the tumor.

In consultation I agreed with all the other medical gentlemen, that the entire morbid growth should be removed with the knife, and advised her to submit to an operation which would afford a fair, or, at least, the *only* prospect of cure—to which she with but little delay consented.

With the assistance of my friends, Drs. Schenck, Smith, Denig and Taylor, and in the presence of several medical students, I proceeded, on the 24th of May, 1845, to extirpate the eye and tumor. The patient was placed in an easy chair, with her head thrown back, and held by an assistant. The external commissure of the lids was divided backwards ; the bistoury was then passed between the tumor and the walls of the orbit, nearly to the bottom of the socket, and carried carefully around it until it arrived at the place of entrance. A little dissection with the point of the instrument removed the entire contents of the orbit. The



hæmorrhage was not profuse, and the patient bore her sufferings with remarkable fortitude. The cavity was lightly filled with lint, suitable dressings applied, and the patient laid in bed. As the pain in the part was severe, one third of a grain of morphine was administered, which soon afforded relief, when she expressed herself as exceedingly gratified that she had submitted to the operation.

May 25th, morning.—Rested but little during the night. Nausea and vomiting, pain in the head and general distress had all supervened to an alarming degree. Appropriate remedies were prescribed to allay the irritation of the stomach, and divert the tendency to cerebral disease, but to little purpose. During the afternoon, she exhibited symptoms of approaching delirium, and in the evening her mind was decidedly wandering. Prescribed twenty grains of calomel in divided doses, sinapisms to the extremities, cold water to the head, and blister to the nape of the neck.

26th.—Calomel had operated freely ; mind more calm and collected, but not perfectly rational. A general distress and restlessness pervaded the whole system. No arterial excitement or general re-action had yet taken place. Pulse varied from 90 to 120. During the day, symptoms of cerebral disturbance and organic disease increased. In the evening, at my request, my friends Drs. Parsons and Smith saw her with me, in consultation. Similar measures were continued, with the addition of ammonia and other diffusible stimulants.

27th.—She had no rest during the night ; pulse diminished in force and frequency ; mind more incoherent and comatose ; secretions all scanty and vitiated. Wound examined, and found livid and flabby, and exhibiting no signs of reparation.

These symptoms and others, indicating approaching dissolution, increased, in spite of all treatment, until the 29th, the sixth day after the operation, the patient died, apparently from inflammation of the brain. To my extreme regret, a *post-mortem* examination could not be obtained.

On examination of the morbid growth, the disease was found to consist of a tumor the size of a small orange, which commenced in the centre of the optic nerve, between its exit from the foramen opticum, and its entrance into the globe of the eye.

As the tumor increased in size, the neuralema and nervous filaments yielded, and became so expanded over the whole periphery of the tumor, as to form a complete tunic. On dividing this covering, the morbid structure was easily separated from it. Its color was nearly that of chocolate, and of the consistence of liver. Its organization was very imperfect, being easily broken down with the finger, and permeated in many parts by irregular sinuosities. Whether or not the idea is correct, it is impossible to determine, but I was impressed with the suggestion that this abnormal growth might have arisen from the organization of a small quantity of blood, which might have been extravasated in the substance of the nerve, occasioned by an early rupture of the *arteria centralis retina*.

This case is interesting in many respects ; but particularly that the patient, after a complete and speedy removal of a tumor of the orbit, ap-

parently in no way connected with the brain, should die so suddenly from inflammation of that organ. A *post-mortem* examination would probably have revealed the fact that organic disease had already committed fatal ravages within the cranium.—*Proceedings of the Ohio Med. Convention.*

## CHRONIC CASE TREATED HOMŒOPATHICALLY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I would not trouble you or your readers with another article, were it not for further inquiries of our friend, Dr. Leonard, and the necessity of some remarks still further on our cases, arising from the conclusions which have been drawn from them. Homœopathic cures have commonly (by those not acquainted with the subject) been attributed to *imagination*; but in our cases this will not do, and therefore “*confidence*” and “*nature*” come in for the credit. Let us look at this. In regard to the first case of ours, Drs. Clough and Leonard attribute the cure to the venesection and purging. Now they will observe that the patient had been sick some twelve hours when he was bled and purged; in some fifteen hours after, I was called to see him. His disease was now *much more severe* than when the other physician was called. If the venesection had the effect, why should it allow the disease to become aggravated for fifteen hours, and then suddenly take effect? Had any allopathic practitioner been called at the same time, we are certain the patient would have been bled again, and other active antiphlogistic treatment adopted. In the second case (also inflammation of the bowels) Dr. C. says the “evacuations were favorable, puking, purging and sweating.” Why don’t he add, pain, tympanitis, pulse 112, &c. We were not before aware that sweating might not be a morbid phenomenon, a symptom we have observed so often in hectic, in typhus, in cholera, and in bilious enteritis. Puking and purging we have often considered morbid actions. Dr. C. thinks this case cured in “spite of the medicine;” while Dr. L. says “small doses of mercury are efficient as a curative.” Dr. C. says, “These cases are valuable in one point; they show the profession how little reliance should be placed on medicinal agents, and how much on the natural powers of the system.” Here is the most fatal error into which the profession can fall. It arises, in the first place, from *assuming* that homœopathic treatment is inefficient, and consequently it *must* be nature which effects the cure. The *assumption* is *false*, and the conclusion therefore erroneous. We would just invite Dr. C. to compare the state of these cases with the *pathogenetic* and *curative* action of the drugs which were used, and see if there is any analogy. The reason “*nature*” did not start on our *first* prescription in the second case, was that the remedy was *not* appropriate, and *we* were to blame. Again, Dr. C. says “they were inspired by hope, which could not be induced by a different class of practitioners.” How so? In the first case the patient had high confidence in his physician, and neither of them had ever before seen me; and the second was a perfect *invincible* in favor of

a particular physician in whom she had great confidence; he could not be had, and when her friends, seeing her continued sufferings, determined to call some one, she reluctantly consented to me. A few weeks ago, a practitioner in this city invited me to see a patient of his, who was taken about twelve hours previous with cholera morbus. I found her as follows: had vomited every fifteen minutes for twelve hours; vomited, while I was examining her, a thin, slightly colored fluid; purging about as frequent, with severe griping in the abdomen, and continued prostrating sickness at stomach; sunken, death-like expression; excessive thirst; mouth dry, and tongue coated; *extremities cold*; pulse scarcely perceptible; severe cramps in the calves of the legs and feet, &c. I said to the physician, *veratrum album*—this remedy best corresponds to the case, and if given in poisonous quantities will produce a similar state. A few drops were put in a tumbler of water, and a tablespoonful given. She has not vomited since. We waited an hour. In fifteen or twenty minutes the sinking sickness at stomach abated, the extremities began to grow warm, the pulse came up, the spasm abated, and she soon fell asleep. The purging abated more gradually, and all untoward symptoms soon ceased. Was this accidental? This patient I had never seen before, nor does she know that there is such a term as homœopathy. We would invite our brethren particularly to examine the pathogenetic effects of *ver. album*.

Dr. C.'s three cases are not exactly analogous. The first got well "*in due time*"—rather indefinite. We all know that mild cases of scarlatina will not *die*. We would suggest whether in the case a few doses of bell. would have allowed the child to lay stupefied three days. From what we have seen of it in brain affections, especially in this disease, we judge not. The case of colored water has satisfied probably till this time.

In connection with our cases, we beg to refer to the case, page 503, in this Journal for July 22d. Was it one twelfth of a grain of nit. silver which in *five minutes* relieved acute ophthalmia? or was it the two pounds bleeding, twenty grains calomel, large dose of salts, followed by thirty leeches without relief? Dr. Manson attributes it to nit. silver. We do not say this is homœopathic practice. Still, we think it will produce inflammation of the eye.

In regard to Dr. Leonard's two cases, we say we cannot tell, from his brief description of the first, whether belladonna was the most appropriate remedy aside from the dose. Mercury is oftener used in these cases; and other drugs, depending on the *totality* of the *symptoms*, together with other circumstances, "such as age, sex, constitution, habit, susceptibility, &c., which we admit, though Dr. L. does not. In his second case, we are *certain* that of the three drugs used, neither had any analogy to the case—probably nature would have done as well for them as they did for Dr. C.

But as our brethren do not relish our acute cases, we will give them one of a chronic character.

H. B. S., aged 36, rather small, and of lymphatic temperament, consulted us May 6th, 1846. He had been ill for ten years with *chronic*



*diarrhœa*, if we should name it. Elisha Bartlett, M.D., was his family physician, and treated it for some years, more or less. He had since consulted other physicians of this city, and finally tried the botanic practice and patent medicines, and, as he said, "*has tried everything*," but all to no effect, and for the last four years has taken nothing. Symptoms as follows:

May 6th.—Continual desire for stool (especially after eating); movements four to sixteen per day, average ten; stools watery, green and dark when frequent, when less so, yellow and more consistence; great weakness after many movements; griping, and sensation of a bunch in stomach; appetite fair, digests light food; nausea; severe and constant pain through head; irregular darting pain in side, and from side to shoulders and breast; weakness and soreness in loins; nervous; extremities cold. *Nux vomica* three times a-day.

11th.—Desire for stool natural; no pain in head. Pulse 48. *Nux vomica* three times a-day.

14th.—Dejections improved; griping in stomach better; pain in side gone, and in shoulders better. Pulse 56. *Nux vomica* three times a-day, and arsenic once.

19th.—Three or four stools, of better appearance; is stronger; griping in stomach improved, and appetite good. Pulse 55. *Nux vomica* and arsenic as yesterday.

23d.—Two stools—yellow; griping in stomach well, and peculiar sensation less; side well; extremities warm. Pulse 59. *Nux vomica* twice; *China* twice.

June 1st.—Two stools; sensation of stomach improved. Pulse 70. *Bryonia* twice a-day.

11th.—Two or three thin stools; is languid; sensation in stomach entirely gone; appetite improved; extremities cool. Pulse 65. *China* three times a-day; *sul.* once a-week.

20th.—One or two natural stools; feels strong; extremities warm. Pulse 68. *China* three times.

July 7th.—Two stools. Pulse 69. *Chin.*, *nux.*

20th.—Two stools, natural; slight pain in side. Pulse 70. *Rhus* twice a-day.

August 13th.—He has not called since July 20th for medicine; is very well; has one or two movements a-day; in every respect quite well. It will be observed that it is more than fourteen weeks since the commencement of the case. In the first four weeks the important sufferings were relieved. This case is given for what it is worth; if not cured, we think it at least palliated. We think it cannot be said it had not had *good, bad, and no treatment*, for a length of time sufficient to try them. This case may appear like figuring to *symptoms*; it is so, to a certain extent. We might have *guessed* at the *pathological condition*, and also *guessed* at what would change it; but we fear our luck at guessing would have been no better than that of our predecessors. In this case we gave the patient no hopes of relief, merely saying he could try and see if there was any effect. It will be seen by the report what

remedies removed certain states, and the time. We would say to Dr. L., we do not depend on symptoms entirely, but have especial reference to the pathological state in all diseases where that can be done.

Dr. L. makes of us two inquiries. 1st. "How are the pathogenetic virtues of these medicines employed in the *last stages* of phthisis, pneumonia, croup, &c., obtained?" We answer, not by pushing the articles in health till we produce that state necessarily, though something is obtained from poisoning. Suppose we give *bi-chromate potass* to a healthy child, till it produces an exudation of lymph on the lining membrane of the trachea, and this be followed by fever, difficult respiration, &c.; it may be carried so far as to cause death. Now if in a sufficient number of cases of croup this remedy is curative, the evidence is strengthened, and Dr. L. will observe that we have not only *pathogenetic* effects, but also *curative* to correspond. And it is not true that we depend alone on trials of drugs on the well, but by their corresponding *curative* action on the sick. 2d. "Does he vary his prescription for the robust man who is dying from peritonitis, or does he administer as to the delicate female who has the *same disease* and the *same symptoms*?" "In the two cases above, the *symptoms* may be the *same*, but the *pathological* difference may be great."!! How are we able to ascertain that the *pathological difference* is great, where the *disease* and the *symptoms are the same*? I know of no way to come at the pathology of any disease but through the symptoms, and by symptoms we include every deviation from health. We confess, on this point, Dr. L. has got ahead of us. Dr. L. says we eulogize Hahnemann. Not much, doctor; we only quote what is said of him by an opponent, Dr. Forbes, in an article which "*the profession*" believe is going ere long to be the death of homœopathy. We are willing our readers should judge between what Dr. Forbes says now, and what one Dr. Leo Wolf said thirteen years ago. Dr. L. says "our array of cases will fail to convince medical men," &c. No doubt this is true in regard to some—there are some men (even medical) who are never convinced of anything, and sometimes hardly get a new idea. Dr. Harvey even failed to convince men. But from what we happen to know, many *medical men* look upon this subject in a very different light, even from our discussion with Dr. L., and we are sure good will come out of it.

Our limits will not permit us to notice in detail several difficulties to which Dr. L. alludes in his last article, such as the theory of the system and the operation of medicines, &c. &c. Suffice it to say, that on these points Dr. L. will do well to study further. If he imagines we discard chemistry, physiology, pathology, &c., he is entirely mistaken. From some extracts in Dr. L.'s last article, we suspect he may have read a "Synoptical Report," got up in Onondaga Co., N. Y.—a most miserable thing; and one of which the author will be heartily ashamed, should he ever get his eyes open enough to see his nakedness. As well might one hope to obtain a knowledge of systematic theology from reading what Hume and Voltaire have written on that subject, as a knowledge of homœopathy from such as the above. Dr. L. begins to beg for quarters, and speaks of being "again called out to defend his domicile." We

think, as he "has not lost a hair of his head" in the combat, we are the one to give in, since some half a score of the valiant ones of New England have pounced upon us for merely acting as helmsman to our brethren in the explanations of homœopathy. But we are perfectly satisfied with Dr. L. as an intelligent physician, and in our discussion with him we complain of nothing, and are willing to drop the subject. We hold ourselves amenable to the profession for any principles or practice. At the same time we shall not be much influenced by those, on *any subject*, who have not obtained a sufficient knowledge of that subject to enable them to form an opinion of its merits. We know the study required, and something of the success of homœopathic practice—especially in the more severe and fatal diseases, and the world will always require something more than mere *disbelief* (and that from want of evidence) to check the progress of truth.

Yours, &c. DANIEL HOLT.

Lowell, August 14, 1846.

#### LARYNGITIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A few days since, I was called to an adjoining town to see Mr. G. A. Robinson, aged 28. The young man that came for me said "that soon after going to bed Robinson was taken with choking, and had such an incessant cough that he could neither speak nor swallow." A little apprehensive what might be the case, I hurried to the scene of distress, and on entering the room I found the windows all open, and attendants fanning the man, who was lying upon the bed, coughing and gasping for breath. His eyes were prominent, his countenance anxious and distressed, with the skin of a dark purple hue. A violent effort was made at every inspiration, with a dry, husky, throttling noise. On examining the lungs, I found them free from difficulty. Two or three hours before, he was apparently well. It is, said I to myself, an acute attack of idiopathic laryngitis, and something must be done, and that quickly, if at all. This is my first case of the kind, and authors disagree as to the propriety of "emetics and bloodletting." I will therefore discard authors, and treat him as the case, in my judgment, demands. The pulse 98, not very full nor hard; tongue not coated much, but livid. I had him set in an upright position, and, thus supported, I opened a vein and drew blood until there was appearance of fainting. After replacing him upon the pillow, I found his inspiration less laborious, with less of the hissing, wheezing noise. Had a cataplasm of mustard seed applied to the upper part of the trachea. Gave him grs. iij. hydrargyri cloridi mitis, to be repeated every three hours, as he had now less cough, and could swallow. Made a solution of tartratis antimonii et potassæ, grs. viij.; aquæ, ℥ iij.; and added tinc. sanguin. Canaden., ℥ j. A tablespoonful to be given every hour, gradually increasing the quantity until vomiting should follow, then lessening it, so that it may be taken without vomiting—



directing that if the patient should be much relieved, the powders might be omitted, and a cath. of senna and salts given.

Next day I found Mr. R. walking about the room, raising freely a viscid tough matter from the throat, with some hoarseness. He remarked "that as the blood run the night before he could evidently feel its good effect, and that when the solution operated as an emetic (which was in the course of a few hours), he felt that he was a well man."

Hudson, N. H., August, 1846.

H. M. HOOKE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 2, 1846.

*Massachusetts Medical College Circular.*—Very few, if any, of the annual medical circulars will compare with the one just issued by the Medical College in Boston. It has two lithographic pictures—one an elevation of the General Hospital, and the other a view of the new Medical College now in process of completion in Grove street. As a statistical document, illustrative of the past operations of the Medical Department of Harvard University, from the year of its organization to the present time, it will not only be consulted with interest, but be kept for future reference. Those who have been professionally educated in Boston, know very well the character of the instruction that is given, the orderly manner of conducting the lectures, their thoroughness, and the value of the practical illustrations of whatever has been taught the student, in the wards of one of the first hospitals in America. With the increased facilities for accommodating far larger classes in the new college, than could be seated in the old Mason-street building, the faculty will commence their autumnal labors with fresh courage, and a disposition to maintain the wide-spreading reputation of an institution of which the people of this Commonwealth have long been proud.

*Jefferson Medical College.*—In looking over the circular of this energetic, influential institution, the evidence of a determined spirit of enterprise is as manifest as it was at the very commencement of its official existence. "The catalogue of the session 1845-6 contains the names of *four hundred and sixty-nine* students—being the largest medical class in the United States; and at the annual commencement in March, the degree of Doctor in Medicine was conferred on *one hundred and seventy* individuals. So great indeed has been the afflux of students to the College, that the Faculty have found it indispensable to make extensive alterations in the building." Being a well-wisher to the success and usefulness of all the rival colleges of the Union, it is gratifying to watch the progress of the whole, and their success in raising the character and standard of medical education in the new world.

*Medical Visitors.*—Quite a number of medical gentlemen from the cities of the South, have visited this section of New England within the last few weeks; but owing to the circumstance of the absence of families from Boston during the heat of summer, they have not received all the attentions which would have been shown them under other circumstances. It must not be supposed, however, that we are inhospitable, because we live in a changeable climate, where the mercury ranges from ten to forty degrees within twenty-four hours. Nothing is more gratifying to us, at this cold extremity of the Republic, than to be visited by our professional friends from more genial regions. The institutions of Massachusetts begin to have the age and character which entitle them to the appellation of venerable, being amongst the oldest in the country. This observation does not apply strictly to medicine, as Pennsylvania has the precedence over all the States, in laying the foundation, at an early period of her history, for teaching all departments of the healing art. But in no place are the currents of christian charity running in broader, purer streams than in this portion of the land of the Pilgrims, which is exhibited in our hospitals, dispensaries, and a variety of happy devices for relieving the misfortunes of humanity. There are a vast variety of objects illustrating the energies, the resources, and the domestic comforts of the people on our hard, rocky soil, well worth the close inspection of the curious. With little for exportation but ice and granite, the habitual industry of the whole community is such, that the comforts, conveniences and elegancies of life are neither few nor undervalued. More frequent intercourse with our medical brethren of the South and West, would lead to happy results, in the promotion of friendly intercourse, and ultimately exert a beneficial influence on the general progress of the science we cultivate.

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*Dysentery Syrup.*—Messrs. White & Ferguson, druggists, of Boston, have prepared a remedy for dysentery, or rather that condition of the bowels which so commonly follows the fruit season, which meets the approval of judicious physicians, by whom we understand it is extensively prescribed in the city. Messrs. White & Ferguson are above all tricks in trade, and like honest men they have no secret in regard to the composition of their new preparation. It is made of a decoction of the *rubus villosa*, *spina tormentosa*, slippery elm, Iceland moss, rhubarb, sugar, and a small portion of brandy, in such proportions as experience justifies. The manufacturers have sent it to practitioners, with a request that a fair trial of its effects may be made by them. This is the best way of extending the usefulness of their medicine.

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*Reading in Rail-Road Cars.*—Imperfect vision seems to have increased since rail-road travelling was introduced. An exertion of unusual intensity, both of the mind and muscles, is required to read with any degree of satisfaction while the cars are running rapidly on the track. The prolonged effort brings on a kind of dimness of sight, not unfrequently followed by a pain in the forehead, from a determination of blood to that region of the brain, in the unnatural attempt to read while in rapid motion. The practice is exceedingly injurious, and should be abandoned by those who have any desire to use their eyes in old age.

*Post-mortem Contractility of Muscles.*—Some one has kindly furnished us with a copy of "Experimental Researches on the Post-mortem Contractility of the Muscles, with Observations on the Reflex Theory, by Bennet Dowler, M.D.," of New Orleans—a re-print from the New York Journal of Medicine. The pamphlet form in which it has appeared is convenient for circulation, and will extend the deserved reputation of the indefatigable author. It would be unjust towards the learned and patient investigator who has conducted these inquiries, not to say that his close observation and method of philosophizing exhibit the powers of no ordinary intellect.

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*United States Dissector.*—A fourth edition of Lessons in Practical Anatomy, by Professor Horner, of the University of Pennsylvania, with numerous illustrations, has just come from the press of Messrs. Lea & Blanchard, of Philadelphia. This work first appeared twenty-three years ago, but is none the less welcome now to those pursuing the study of anatomy, as it is presumed to have been improved as the science of which it treats has progressed by further and more minute advances in the knowledge of human organization. The reputation of Henry H. Smith, M.D., the editor, stands well with the medical public, as an accurate man, and it is fair to conclude, therefore, that students will find this an admirable guide in the dissecting room. In looking over the plates, we are compelled to say that they are very common affairs—by no means equal to what the text should have had for accompaniments. Economy must not be carried too far, especially when the same wood-cuts are allowed to figure too frequently in different books. It was due to the reputation of Dr. Horner, and to Dr. Smith, also, to have had better plates, and more of them, because they are of real and undeniable utility in tracing out parts with the knife. These observations are not made in ill will. We think so well of the United States Dissector, that we regret a deficiency of any kind in it. Copies are on sale at Ticknor & Co.'s, in Boston.

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*Necrosis.*—Dr. Hutton presented to the Pathological Society of Dublin, a recent specimen of central necrosis of the tibia. The case was one of acute osteitis followed by necrosis of the internal cancelli of the bone. The subject was a man aged 23, a servant, admitted into the Richmond Hospital on the 29th of January, 1844. He had hurt his leg above the ankle four years ago. A troublesome ulceration ensued, attended with exfoliations of several splinters of bone. In last December, a week before Christmas, he sprained the ankle of the same limb, but, instead of giving it rest, he walked about on it, the result of which was, that not only the ankle-joint, but the entire of the leg, became swollen, tense, and excessively painful. He was admitted into the Meath Hospital, where he remained three days, but left when amputation, which he then refused to submit to, was declared to be necessary. The limb was amputated yesterday in the Richmond Hospital. Previous to the operation the pain had been very severe. The inflammation resisted all the means adopted for mitigating it. There was an ulcer with a fistulous opening leading to the bone. There were patches of sphacelus on the surface of the leg, and fever, with delirium, had set in. No other means but amputation re-



mained for saving the patient's life. It was asserted that the same limb had also been fractured during infancy. In examining the amputated limb it was observed that the disease was chiefly in the tibia, the surface of which was rough and irregular. A section of the tibia discovered in the cancellated structure an insulated portion of bone surrounded by a soft, pulpy, granular membrane. This was a central necrosed portion with which a sort of cloaca, formed through the external bone, communicated. The rest of the bone was healthy, except the epiphysis; which had the appearance of scrofulous bone. The ankle-joint was diseased, the cartilage being stripped off in patches from the articulating surfaces of the tibia and the astragalus, yet there had been very little pain experienced when the foot was rotated, or the sole pressed upward. All this mischief had occurred since the sprain in last December.—10th February, 1844.  
—*Dublin Quarterly Journal of Medical Science.*

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*Cold Climates not productive of Consumption.*—Dr. A. S. Wotherspoon, in a paper read to the New York Medical and Surgical Society, speaks as follows respecting the existence of consumption near Fort Kent, Me.

“The climate of Fort Kent, like that of the colder regions of northern Europe, does not seem favorable for the production of pulmonary phthisis. During my sojourn at the post, I have neither seen nor heard of a case of this disease among the French or American settlers. Assistant Surgeon Isaacs, who, during the two years he was resident at the Fort, had a much better opportunity than myself of becoming acquainted with the diseases of the country, informs me, not only that he never saw a case of consumption in the country, but that some of the inmates of the garrison who were affected with suspicious symptoms, recovered from them entirely. The present revenue officer at the post, a man of decidedly scrofulous temperament, had suffered a slight attack of hæmoptysis, and other symptoms of incipient pulmonary disease, when he was ordered to this post. Though liable to catch cold when exposed, his cough no longer troubles him, he has gained flesh and strength, and considers himself free from the disease. A careful examination of the chest in this case, gave no marked results, yet I have no doubt from his symptoms, that when ordered to Fort Kent, he was suffering under tubercular deposition in the lungs. One case of phthisis occurred in an artificer of C. G. 1st Artillery, a man hereditarily disposed to the disease, and having it fully developed before his arrival at the post. He remained for a year in tolerable health, until much exposed to hard labor in the midst of the melting snows of March and April, when the disease became more marked, and he was forced to enter the hospital. As his term of service had nearly expired, and he was desirous of visiting his friends, he was allowed a furlough, without remaining any length of time under treatment.”

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*The American Dental Society.*—The American Society of Dental Surgeons held their annual meeting in this city on the first Tuesday in the month, and continued in session four days. The Society is composed of dentists throughout the United States, and has for its object the improvement of their profession. They have essays prepared and read, on subjects connected with the art of dentistry; besides it gives them an oppor-

tunity for a free interchange of sentiments, which must tend to elevate the general character of the science.

The art of dentistry owes many of its greatest improvements to American talent and ingenuity, and we are pleased to see them taking the high stand which they have maintained with so much honor to themselves and our country, for the past few years. Dr. E. Parmlly, of this city, is the president of the Society.

There are two or three dental colleges in this country, where lectures and practical instructions are regularly given.—*New York Medical and Surgical Reporter*.

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*Deaths in London.*—The register of decease, &c., within the bills of mortality, for the week ending July 11th, announces 991 deaths, being about the weekly average for the last five summers, and 67 under that of the last five years. One hundred and thirty-nine deaths are registered as occurring from pneumonia; 28 from heart disease; 24 from enteritis; 20 from tabes mesenterica; 29 from natural decay; and 15 violent deaths. Births registered in the same week, 1278, viz. 659 males; 619 females. In the week ending July 18th, the deaths registered were 1053, of which 163 were from phthisis; 31 from heart disease; 26 from enteritis; 23 from tabes mesenterica; 35 from old age, &c., and 21 violent deaths. Number of births in same week, 1262, viz., 624 males, 638 females.—*London Lancet*.

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*Medical Miscellany.*—Dr. Dreisback, of Tiffin, Ohio, is a candidate for Congress.—Why should Isadore E. Provost, M.D., an homœopathic physician, be avoided because he does not pay his debts?—Amos Westcott, M.D., of Syracuse, N. Y., has been elected Professor of Operative and Mechanical Dentistry, in the Baltimore Dental College.—Richard O. Curry, M.D., of Nashville, Tenn., has been appointed Professor of Chemistry and Experimental Philosophy and Natural History, in the University of East Tennessee, in the place of the late Professor Garvin.—Dr. John F. Head, of Boston, is commissioned an Assistant Surgeon in the U. S. A., from August 6th.—Dr. Hempel and Dr. Coxe, of New York, the former a homœopathic physician, seem to be getting at loggerheads about the number of deaths which are asserted to have occurred in the first gentleman's practice.—A physician residing in Kutztown, Pa., was recently mulcted in the sum of \$500, for negligent and unskilful treatment of a fractured arm.—Mrs. Ann McCarnon recently died at Paterson, N. J., at the age of 106.

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MARRIED,—Dr. Wm. Dwight, of South Deerfield, Mass., to Miss H. M. Clark.—In Jefferson, Me., T. Carter, M.D., to Miss M. J. Weeks.

DIED,—Dr. John T. Barton, of the U. S. N., 26.—At Lenox, Mass., Thomas Robbins, M.D., 25.—late of New York.—In California, in March last, Dr. Wm. Brown Gildea, 26.

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*Report of Deaths in Boston*—for the week ending Aug. 29th, 103.—Males, 52, females, 51.—Stillborn, 5. Of consumption, 10—disease of the bowels, 23—cholera infantum, 6—diarrhœa, 5—dysentery, 2—pleurisy fever, 1—drowned, 1—intemperance, 1—suicide, 1—measles, 4—bilious fever, 1—scarlet fever, 3—typhus fever, 2—infantile, 9—croup, 2—disease of the heart, 2—disease of the liver, 1—dropsy, 1—dropsy on the brain, 6—accidental, 2—marasmus, 1—canker, 1—teething, 1—cholera morbus, 5—old age, 3—inflammation of the brain, 1—apoplexy, 1—convulsions, 1—worms, 1—lung fever, 1—inflammation of the bowels, 1—child-bed, 1.

Under 5 years, 61—between 5 and 20 years, 7—between 20 and 40 years, 22—between 40 and 60 years, 7—over 60 years, 6.

*Prize for Mesmerism.*—From a letter recently published in a Dublin paper, it appears that the £100 note deposited for six months in the bank of Messrs. Ball & Co., which was, according to the terms of the advertisement in the public papers, “to become the property of any person who, without opening the envelope in which it was contained, should describe every particular respecting the note—such as its number, its date, the bank at which it was payable, &c., and who should read three English words, plainly written on a slip of paper, which was contained in the same envelope with the note,” has not been awarded. The six months expired on the 31st March, but the time was extended to the 18th of April, to meet the convenience of a lady, a professor of mesmerism, and the authoress of an ingenious book on the subject, who arrived from London in the beginning of the month, and who expressed a wish to have some time longer to prepare her *clairvoyance* for the test. Six months and seventeen days having expired, and no person having appeared at the bank to examine the envelope, it was opened on the 18th inst., in the presence of Messrs. Ball & Doyme, and one or two other persons connected with the establishment. The note proved to be a printed check issued by the house of Messrs. Ball & Co. for £100, payable to *Cædipus* or bearer, and dated the 1st of October, 1845. The English words (written on a separate slip of paper) were, “to *Cædipus* alone.” Although no person applied at the bank to inspect the envelope containing the note, some communications were received from different parts of England, and one from America (but none from Ireland), containing mesmeric revelation respecting the number of the note; and one letter (from Plymouth) enclosed a picture, or (intended) *fac-simile* of it. It is unnecessary to add that these mesmerically-inspired persons were mistaken in every particular.

#### JEFFERSON MEDICAL COLLEGE.—SESSION OF 1846-7.

THE regular Course of Lectures will commence on Monday, the 2d of November, and end on the last day of February.

ROBLEY DUNGLISON, M.D., Prof. of Institutes of Medicine, &c.

ROBERT M. HUSTON, M.D., Prof. of Materia Medica and General Therapeutics.

JOSEPH PANCOAST, M.D., Prof. of General, Descriptive, and Surgical Anatomy.

JOHN K. MITCHELL, M.D., Prof. of Practice of Medicine.

THOMAS D. MÜTTER, M.D., Prof. of Institutes and Practice of Surgery.

CHARLES D. MEIGS, M.D., Prof. of Obstetrics and Diseases of Women and Children.

FRANKLIN BACHE, M.D., Prof. of Chemistry.

Every Wednesday and Saturday during the course, Medical and Surgical cases are investigated and prescribed for before the class. During the past year not fewer than 1,000 cases were treated, and upwards of 172 were operated on. The Clinical Lectures are so arranged as to permit the student, should he desire it, to attend the Medical and Surgical practice and lectures at the Pennsylvania Hospital.—On and after the 1st of October, the dissecting rooms of the College will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Owing to the large size of the class, which numbered 469 during the last session, it became expedient to make extensive and important alterations in the college edifice. These will be completed by the 1st of September.

R. M. HUSTON, M.D.,

July 29.—eptN1.

Dean of the Faculty, No. 1 Girard Street.

#### MEDICAL INSTITUTION OF GENEVA COLLEGE.

THE Annual Course of Lectures in this Institution will commence on the first Tuesday of October, and continue sixteen weeks.

THOMAS SPENCER, M.D., Prof. of the Institutes and Practice of Medicine.

CHARLES B. COVENTRY, M.D., Prof. of Obstetrics and Medical Jurisprudence.

JAMES WEBSTER, M.D., Prof. of Anatomy and Physiology.

JAMES HADLEY, M.D., Prof. of Chemistry and Pharmacy.

FRANK H. HAMILTON, M.D., Prof. of the Principles and Practice of Surgery.

CHARLES A. LEE, M.D., Prof. of Materia Medica and General Pathology.

CORYDON LAFORD, M.D., Demonstrator of Anatomy and Librarian.

The fee for a full course of lectures is sixty-two dollars; which may be paid to the Register at the commencement of the term, or the fee for each course may be paid on taking out the ticket.

Arrangements have been made for an ample supply of material for the Anatomical department, and every facility will be furnished for pursuing Practical Anatomy.

July 8.—tOct1

C. B. COVENTRY, Registrar.



THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 6.

ON THE USES OF THE LOBELIA INFLATA.

By Abraham Livezey, A.M., M.D., of Lumberville, Bucks County, Pa.

OBSERVING for several years past the use and abuse made of the lobelia by a numerous horde of quacks that abound in some parts of the country, and perceiving that those dangerous consequences, which have hitherto been attributed to this plant by many of the medical profession, did not result—and that, too, when administered by a set of ignorant pretenders, in enormous doses, and almost indiscriminately in all cases—I studiously applied myself to experimental observation, to ascertain with a greater degree of certainty the therapeutic value of this plant. And during the past year I have had many excellent opportunities of testing its beneficial influence in many diseases of febrile and spasmodic character.

In pertussis, combining the tinct. lobel., of which Prof. Eberle speaks so highly, with the acid. hydrocyan., extolled by Thompson and Roe, with equal propriety might I vaunt the recipe as a specific, as they do theirs—although such a thing as a *specific* probably does not exist, except it be sulphur for psora. In asthma, especially of a spasmodic kind, the most marked benefits result from the use of this plant singly, or combined as above—the existing disturbance of the nervous fibre of the bronchial surface, or the spasms of the mucous membrane of the bronchia, are speedily allayed, and, by a short course, a cure, or a *suspension* of some length at least, is the sequence of its administration.

For an adult—R. Tinct. lobel. inflat., ʒj. ; acid. hydrocyan., gtt. i—xj. Ter quatuorve die. But if the paroxysm be severe, the tincture may be given in much larger doses, and repeated at short intervals, till entire relief is obtained. By this combination I have enabled several *inveterate* cases of asthma (which had been repeatedly prescribed for by various physicians, quacks and old women) to pass for several months past, with a complete suspension of all their sufferings.

In diphtheritic laryngo-tracheitis, where the excitation of emesis cannot be readily accomplished, which frequently arises from the nature of the disease as well as the difficulty and unpleasantness in the administration of medicine to infants, this difficulty may be obviated by enemata containing a portion of the tinct. lobel., or pulverized plant, which at once relaxes the system, removes the tension of the chest, changes the seat of excitement to a distant part, and emesis readily ensues ; the bowels in the

meanwhile are emptied of their contents, and recovery from every distressing symptom immediately follows.

In all cases of coughs, especially when inflammatory symptoms manifest themselves, as in catarrhal affections in children as well as in adults, I consider the tincture of this plant (or infusion, when the stimulus imparted by the alcohol might be objectionable) far preferable to ipecacuanlia or the tartrate of antimony and potassa, being more decisive in its effects than the former, and a better and safer nauseant than the latter, without that fear of irritating the gastro-enteric mucous membrane, the pathological condition of which has been too much overlooked by earlier writers, but which is now claiming deserved attention.

This brings me to the consideration of the lobelia inflata in febrile disorders, incident to every section of country, more or less, in summer and autumn. When it is desirable (as in fact it is always) to lessen vascular action, and as a febrifuge, the "nitrous powders" sink into utter insignificance in comparison with this plant, which is not liable to the same objection as the tartarized antimony used in combination with calomel and the nitrate of potassa by many of the older practitioners, which too frequently increases that tenderness and erethism already existing in the mucous membrane of the stomach and intestines.

In high vascular action, also, with cerebral disturbance, when the application of cups to the nape of the neck, &c., fails in restoring rationality to the sensorium, the most admirable results follow the administration of an enema, largely composed of the lobelia; or when accompanied with enervation and subsultus tendinum, the efficacy of the enema will be much enhanced by the addition of a portion of pulv. valer. and tinct. capsicum or camphor, which, when thus combined, produces a powerfully revellent action, changes the scene of excitement, and leaves the cerebral functions free.

Finally. In strangulated hernia, or in reducing dislocations of the largest articulations, where great relaxation is necessary, a powerful enema of the plant, or of the bruised seeds, will fully answer the expectation of the medical attendant—attended, too, with equal benefit and much more safety than the tobacco injection used in the former difficulty, and will dispense with venesection, the tartarized antimony, and generally the hot bath, so universally recommended to overcome the rigidity of the muscular fibre.

These are the chief diseases of importance in which I have administered the lobelia inflata with entire satisfaction, and with a relief so prompt and decisive, as at once both astonished and delighted the patient.

—*Medical Examiner.*

#### POPLITEAL ANEURISM SUCCESSFULLY TREATED BY LIGATURE AND BY COMPRESSION.

By Robert Armstrong, M.D., F.L.S., F.R.C.S.E., &c.

SEVERAL cases of popliteal aneurism successfully treated by compression having been lately published in the journals, I have been induced to se-

lect from the register of important cases kept in the Royal Naval Hospital, Plymouth, the history of two, which presented some features of interest and importance. One will serve to show, that the application of a ligature to the superficial femoral artery will sometimes be attended with success, under the most unfavorable circumstances; the other is a case in which a cure was effected by compression, where there was an unusual distribution of the arteries of the thigh, and where the superficial femoral artery was wanting—a circumstance, in connection with aneurism, as far as I am aware, not before noticed.

CASE I.—James C——, seaman, aged 35, H. M. S. *Thunderer*. According to the case transmitted by the surgeon of the ship, the patient “had labored since the 30th ult. under a rheumatic affection of the knee and leg, attended with extensive effusion under the ham, and œdema of the foot. The affected parts, on the onset of the disease, were cupped and fomented; calomel and opium, with colchicum, Dover’s powder, and camphor mixture, were administered, and slight pytalism was induced. Afterwards hydriodate of potassa, in doses of eight grains thrice daily. Camphorated mercurial ointment and fomentations were subsequently used, but the swelling of the ham continued unabated, and it showed a tendency to point.” He was received into the Hospital on the 25th of October, 1842, with a diffuse and painful swelling occupying the left popliteal space, extending from about three inches above the knee to the middle of the leg, and had been increasing in size for the last six weeks. In the centre there was a distinct sense of fluctuation; while towards the circumference the tumor was hard and resisting. The whole limb was much swollen, being nineteen inches in circumference about three inches below the upper part of the patella, with œdema of the foot, and darting pains along the limb. He says the swelling first commenced in the ham, and that he felt a small tumor pulsating strongly, which gave him no pain; and that he made no complaint, but continued at his duty. No pulsation could be distinguished; the general health appeared much impaired; pulse 96; bowels confined; tongue whitish.

27th.—The swelling of the limb has somewhat subsided, and the fluctuation in the ham is more distinct; two small livid vesicles have formed, and the integuments appear likely to give way. From the account given by the patient, it is evidently a case of diffuse popliteal aneurism, although no pulsation can be distinguished. One of the vesicles was punctured this morning, and gave exit to a small quantity of sero-purulent matter and bloody serum. On explaining to the patient the nature of the case, and that amputation of the limb was the only alternative, he appeared extremely adverse to the operation, and urgently entreated that it might be deferred for a few days, until he could get his brother to be present.

28th.—There has been some discharge from the tumor, and it is slightly diminished in size; pulse 100; pulsation cannot be detected in the anterior and posterior tibial arteries.

30th.—Two more vesicles are forming, and he complains of some pain in the part. A tourniquet was applied loosely round the limb, which



the nurse and patient were taught to tighten in the event of hæmorrhage occurring; and the operation was postponed till the following day. About 4, P. M., while asleep, a profuse hæmorrhage occurred, and he lost a considerable quantity of blood before he was aware of it. One of the assistant surgeons being on the spot, the hæmorrhage was immediately arrested, by pressure on the artery, as it passes over the brim of the pelvis. I saw him immediately, and found him in a state of great prostration and alarm, with a small and feeble pulse. In this state of exhaustion, amputation appeared inadmissible; the superficial femoral artery was therefore immediately taken up, and secured by a single ligature. A slight discharge of arterial blood now took place, which was supposed to arise from some small vessel divided in the line of the incision; but on a careful examination, it appeared to proceed from a small lateral branch given off from the main trunk immediately above the ligature, and which, it was probable, had been divided by the edge of the aneurismal needle. The artery was therefore separated from its attachments about three quarters of an inch higher up, where it dipped behind a cluster of enlarged lymphatic glands, and a second ligature was applied. The hæmorrhage now immediately ceased, and the edges of the wound were brought into apposition by adhesive straps. 8, P. M.—Says he is easy; limb of the natural warmth, being wrapped in flannel; heat natural; skin moist; pulse 120, and rather weak. Ordered sedative solution of opium, thirty minims; solution of tartarized antimony, half a drachm; solution of acetate of ammonia, two drachms; cinnamon water, ten drachms; mix for a draught, to be taken at night.

31st.—He has had some hours' sleep, and says he is pretty easy, but complains of occasional pricking pain in the legs, and a sense of numbness of the foot; slight heat of surface; skin partially moist; pulse 116, and fuller; tongue whitish in the centre; bowels rather confined. Ordered compound extract of colocynth, five grains; a draught, with sedative solution of opium; lemonade.

Nov. 1st.—Has had some hours' sleep, and says he is pretty easy; heat natural; pulse 112; tongue whitish, but moist; has had one copious stool this morning; there is a profuse discharge of coagula and purulent matter.

12th.—Has been improving daily; swelling of the limb subsiding; the discharge continues profuse; foot of the natural warmth; is unable to move the foot, but there is some return of sensation; incision in the thigh healing, and there is a slight purulent discharge from the point where the ligature is attached; pulse 110, and weak; tongue clean; bowels open.

21st.—The ligature came away this morning; there is still some discharge from the ham, but the swelling of the limb is much reduced in size, and the œdema of the foot nearly gone; pulse 84, and soft; tongue clean; bowels regular.

April 18th.—A succession of small abscesses formed on the ham, but they are now quite healed; the sensation of the foot has returned, and there is a slight contraction of the knee-joint, but he is able to walk about

with the aid of a stick. His general health is now good, and as he is desirous of returning to his friends, and not likely to receive any further benefit from hospital treatment, he is this day discharged, invalided, as unfit for further service at sea. At the end of eleven months this patient returned to the hospital for admission as a patient, on account of bronchitis, and appeared weak and emaciated. He still complained of some weakness of the leg, but the aneurism had been entirely removed, and as the complaint under which he now labored had been contracted subsequently to his leaving the service, he could not be admitted as a patient.

II.—Henry O'N——, seaman, H. M. S. *Superb*, aged 26, was received on the 31st October, 1845, with left popliteal aneurism. The tumor was about three inches and a half in length, of an oval form, and extended from the middle of the popliteal space, downwards, between the heads of the gastrocnemii muscles; the pulsation is always distinct, and sometimes throbs strongly. The complexion was pale, with a certain flaccidity of muscle; the urine was slightly turbid, and deposited a sediment; the pulse but little affected, except during an occasional attack of palpitation of the heart to which he was subject, when it became small, irregular and intermittent. The patient stated that when in the merchant service, three years since, he had been sent to a hospital in Ireland, with rheumatism, chiefly in the left knee, and that the leg had been weaker than the other ever since. He appeared to labor under some mental anxiety, having been informed by some person that he must necessarily lose his limb, and perhaps his life. Rest and quiet were enjoined, and an attempt was made to improve the general health by a regulated diet and the use of aperients.

In the course of three weeks the health had evidently improved, and the tumor had not materially increased in size. In the first instance, it was intended to take up the external femoral artery, in preference to the less certain and more tedious method of treatment by compression, but here an unusual and unexpected difficulty interposed. The superficial femoral artery did not exist, and the same abnormal state of the vessels was found in the right thigh. The common femoral artery could be felt passing over the brim of the pelvis, and for nearly an inch and a half below it, behind a cluster of enlarged and lobulated lymphatic glands, some upwards of an inch in length, and then sank deep into the thigh; the only artery that could be traced, was one under the vastus internus, and running down close upon the bone; a pulsation could also be felt under the vastus externus, but these vessels did not appear to be of any magnitude. The popliteal artery could be distinctly traced for nearly an inch and a half above the tumor. Compression was now considered worthy of a trial. The common tourniquet was found ineligible, by obstructing the circulation through the limb, and was laid aside. The tourniquet, fitted with two pads, and a screw to regulate the pressure, was applied instead, on the 4th of December, one pad being applied immediately below the patella, and the other over the tumor. The iron arch of the instrument was carefully secured to the side of the leg by a roller.

On the 10th of January, the pulsation was strong, and sometimes

there was a violent throbbing, although the size of the tumor had diminished. There were now strong reasons for suspecting that the patient, who occasionally showed symptoms of an irritable temper, had slackened the screw, but on remonstrating with him on the impropriety of his conduct, he promised to desist in future. Hitherto nothing had been gained, and the pressure was continued.

On the 2nd of February, there was an obscure pulsation, and the tumor had greatly diminished in size; a distinct pulsation, which had not before been observed, was now felt behind the external and posterior edge of the tibia, extending upwards of an inch above the aneurismal tumor, and evidently unconnected with it.

On the 14th, the pulsation of a vessel was detected on the inner side of the tumor, and none could be felt on the popliteal artery.

At the visit on the morning of the 4th of March, the patient had the tourniquet in his hand, with the pad broken off, the screw by which it had been attached to the iron arm having been broken off, apparently by violence. On a careful examination of the part, no pulsation could be detected. The remains of the sac formed a dense, flattened mass, of about an inch and a half in length; the pulsation of the vessels behind the head of the tibia had increased in force, and these vessels apparently formed the channel through which the circulation was carried on. It was deemed prudent to continue a moderate degree of pressure a little longer, and the same instrument was reversed, and again applied; the pad which had been applied to the front of the leg was placed on the ham, and the steel arm of the instrument over the tibia, a short piece of deal splint, well padded, being interposed, to prevent injurious pressure.

On the 20th of March the pressure was removed. The remains of the sac had now almost entirely disappeared, being reduced to a small dense mass, not exceeding an almond in size.

He was discharged on the 31st of March last, invalided as unfit for further service at sea, but otherwise in good health, except that on walking without a stick a slight halt was observed, and he complained of some weakness of the limb.—*London Lancet*.

#### ORIGIN AND GROWTH OF HOMŒOPATHY.

[THE following sketch, from an extended article on Homœopathy in the Dublin Medical Journal, although not containing anything decisive in regard to the truth or falsehood of what we consider this modern delusion, alludes to facts connected with its founder which may be new to some of our readers, and which are interesting at the present time.]

Samuel Christian Frederick Hahnemann, the founder of homœopathy, was born at Meissen, in Saxony, in 1755. After studying medicine at Leipsic and Vienna, he for some time held the situation of librarian to a nobleman, and having taken his degree at the University of Erlangen, he soon obtained, through the influence of his patron and his own reputation for learning, the somewhat sinecure post of district physician



at Gommern. Here, enjoying abundance of leisure, he abandoned himself to his favorite study of chemistry, and was also employed in translating French, English, and Italian works, as well as in writing for various German Journals. The effect of his closet application was soon made manifest in his abandoning medicine altogether, "because it afforded no great principle by which he could, in all cases, guide his course." Hahnemann now devoted himself, with redoubled ardor, "to chemistry and authorship;" and had he persevered in this course, he might, by following the natural bent of his mind, have attained to a rank probably little inferior to that of a Liebig or a Rose. His boldly speculative nature was, in fact, singularly well fitted for the prosecution of a science in which the wildest hypothesis and the most baseless theory might give useful incentives to investigation, whilst the errors of the intellect could at once be tested and corrected by well-devised and varied experiments; but in medicine, as in political economy, the transactions of commercial life, and all sciences which have moral agents for their objects, premises can only be ascertained by a most careful appreciation of testimony, and by an impartial balance of probabilities; and the connection of cause and effect, or of invariable sequence and consequence, is so difficult to be traced, that an *experimentum crucis* is an absolute impossibility, and the value of any alleged facts must always, in a great measure, be determined by the *cui bono* (in the classical sense of the phrase) of the narrator. Viewed in this light, Hahnemann was, from the nature of his studies, his predilections, and his modes of thought, the very last person likely to become a great practical physician. Unhappily, however, for himself and for the world, he again turned his attention to medicine, and under the guidance of his *idola specus*, soon compelled, as he thought, all the phenomena of disease to become conformable to his notions of order and simplicity. His first work of a strictly medical character was on the treatment of venereal disease. It appeared in 1789, under the following title, "Unterricht für Wund-aerzte ub. d. vener. Krankheiten," Leipzig. This book exhibits a curious mingling up of the Brunonian hypotheses with the notions of the Iatro-chemists. Brown, as most of our readers are aware, regarded diseases as consisting but of two classes, sthenic and asthenic, and, discarding all the numerous drugs of the pharmacopœia, he employed but two medicines—alcohol, in all its varieties of color and kind, and opium. Hahnemann adopts the first of these hypotheses, but is too much enamored of chemistry to give up his drugs, which he makes to play a very important part in the *laboratory* of the human organization. Syphilis, according to him, is but a state of atony, which, for three or four weeks, he treats by the most powerful tonics. After the lapse of this period, having got the system into a state of excitation, he joins to these means the use of his soluble salt of mercury, so-called from its supposed power of *rendering soluble the animal fluids*. Of this salt, the ammonia sub-nitrate of mercury ( $\text{NH}_3 \text{NO}_5 + 2 \text{HgO.}$ , Kane), he asserts that eight grains are sufficient to cure ordinary cases of syphilis, twelve grains only being required by the most inveterate. He pushes the administration of the remedy until incipient ptyalism, and attaches great im-

portance to the degree of mercurial fever produced, a certain amount being necessary to the neutralization of the disease. Some time after the appearance of this essay, happening to be attacked with intermittent fever whilst experimenting on bark, he was led by this accidental circumstance to attach the most absurd importance to the idea of the enthusiast, Basil Valentine, that "like is to be expelled by like, and not by its contrary," and his knowledge of the medical literature of the period of Renaissance being sufficiently extensive to afford him abundance of loose analogies for any notion, however strange, he soon enunciated to the world, in a letter addressed to Professor Hufeland, and published in 1796, his grand discovery of "*similia similibus curantur*." His experiments on the effects of medicines on the healthy human body appeared in two volumes in 1805, under the title of "*Fragmenta de Viribus Medicamentorum positivis sive in Corpore humano Sano obviis*." This was followed, in 1806, by "*Medicine founded on Experience*," in which appears the first development of the system of homœopathy, and four years after was published the first edition of "*The Organon of the Healing Art*." "This immortal work," says a homœopathic writer, "one of the most remarkable productions of the human mind, has already gone through five editions, and has been translated into the French, English, Italian, Hungarian, Polish, Russian, Danish, Swedish, and lately also into the Spanish language."—*Concise View, &c.*, p. 12. The last of the writings of Hahnemann, entitled "*The Chronic Diseases, their peculiar Nature, and homœopathic Treatment*," appeared in 1830, in four volumes. A second edition was published in 1835, in five volumes octavo, but it has not yet been translated into English.

Hahnemann, evidently, derived most of his notions from the school of the alchemists and theosophists of the sixteenth century; but he was not satisfied with copying the theories of these enthusiasts, he imitated also their arrogance, and even exceeded them in the violence with which he denounced those who differed from him. Innumerable passages in his works remind us of his prototype, *Bombast de Hohenheim*; and sometimes in speaking of his contemporaries, he makes use of almost the very words of Paracelsus. This arrogance and insolent intolerance bore its usual fruit, for although novelties, when advocated with talent, and sanctioned by great names, are in general but too well received in medicine, and new theories of disease, and new modes of treatment, which have their origin within the magic circle of the profession, are often, however wild or visionary, if not evidently false, a sure passport to fame, we seldom find any author, no matter what may be the subject on which he writes, escape the castigation of the critics, who sets out by proclaiming that he is the favored emissary of heaven, and that all besides himself are but knaves and fools. We need not be surprised, then, that Hahnemann, after the publication of his works, soon found himself assailed by the most violent and unreasoning persecution. In this emergency he retired to Coethen, until 1835, when he removed to Paris, where he died in 1843, at the advanced age of 89.

Since the death of its founder, homœopathy has made but little pro-

gress on the Continent, though it has advanced with the rapidity of all novelties of the kind in England and in America. In Austria, with the caprice characteristic of despotism, it was first denounced, and the subject forbidden to be discussed, and shortly after, through the influence of some high personages, received a grant for its support from the government. In Saxony the doctrines of Hahnemann are also countenanced by the State. In the general hospital at Copenhagen, and also at Stockholm, a ward is set apart for the purpose of experimenting on homœopathic practice. In Prussia the government has made regulations with respect to the filling of homœopathic prescriptions, but there is no hospital where the practice is followed, and no public emoluments bestowed on its professors. Bavaria is said to be on the point of endowing a hospital for homœopathic practice, but as yet nothing of the kind has been done. In France the system of Hahnemann has made but very few converts, and the numbers of its adherents are rapidly declining, whilst letters from different parts of America assure us that although homœopathy is certainly spreading, the last German importation, viz., hydrophobia, is there, as in England and Scotland, rapidly taking the lead: and there can be little doubt that, like Hahnemann's medicinal disease, it will strangle its predecessor, and then itself decently expire.

In Ireland, from the remotest ages, the professors of the healing art occupied the highest rank in society; and some relics of this ancient prestige are still preserved in the minds of the vulgar, who regard the physician as scarcely second to the priest. This notion, joined to the natural acuteness of the people, their poverty, their extreme suspicion, and the slavish reverence for authority but too characteristic of the Celtic races, may in some measure account for the fact that none of the almost innumerable systems of quackery which enjoy an ephemeral popularity on the other side of the Channel, can find any partisans among the lower and middle classes of Ireland. We have good reason to believe that homœopathy is as yet known only to few aristocratic *malades imaginaires*, and that a homœopathic dispensary is a mere farce.

#### LONDON HOSPITALS.

[DR. SPENCE, of Boston, continues his favors to the Christian Watchman. He seems to have made a careful examination of all the benevolent institutions of the great metropolis of England, and allowed nothing to escape his observation that related to the profession of which he is an industrious member. Among other reminiscences of his late sojourn in Europe, the following was recently given.]

Great cities are great sources of corruption, and the seats of great physical suffering. London illustrates the truth of both these statements. The divine image is defaced by many diseases, and the human frame crushed to powder by many accidents which, though not "of moving flood and field," are as fatal. As in the moral world there is a balm that cures, so in the physical world there is a like exhibition of Divine good-



ness. Man, stricken, wounded and bleeding, is not left to perish, but science, art and skill step in, through man, to modify disease and suffering, and cheer the drooping spirit.

In London, there are many hospitals, in which are clustered thousands, around men whose calling is indicated by the short sentence, "to do good." As numerous as are the bright stars of heaven, so many are the tapers that shine at night, from the chambers of the sick, in the London hospitals. London was once the abode of Sir Astley Cooper, and is now the home of a Brodie, Liston, Lawrence, Fergusson, Mayo, Quain, Williams, Wilson, and others, who, though moving in a silent sphere, are as true and devoted to man in suffering, as skill, kindness and experience can render them.

Among the hospitals is Guy's, in Southwark, which contains 22 large wards, and upwards of 530 beds for patients, and relieves annually nearly 70,000 out-patients. There is St. Thomas's Hospital, which has 19 wards, with 485 beds. In this hospital, last year, there were cured and discharged, 3,552 in-patients, 41,815 medical and surgical out-patients; making the sum total, 45,367. The annual expenditure is £10,000. There is St. Bartholomew's Hospital, founded by Rahere, in 1102, and incorporated in 1546. The number of patients received, cured and discharged here, last year, was 5,419 in-patients, 17,808 out-patients, and 22,088 casualty patients; making the whole number 45,315. There is St. George's Hospital, which has a grand front 180 feet in length. Its theatre, for the delivery of lectures, accommodates 160 students. It has 16 wards, with 317 beds. Then there are the London, Westminster, and Charing Cross hospitals. Very old are some of these hospitals, and what thrilling tales to the life, their walls could tell, if they had but tongues!

The Foundling Hospital was founded by royal charter, through the exertions of Capt. Thomas Coram, in the year 1739; and is designed for the maintenance of exposed and deserted children. These children are not received indiscriminately. Application must be made personally by the mother, who must prove her previous good character, the desertion of the father, and give assurances that if the child is received, and secrecy observed, she will lead a virtuous life, and seek an honest livelihood. Private donations, bequests and endowments compose its property. The interest of these and the receipts from other sources, yield an annual income of \$50,000. It has under its fostering care, and educates, 460 children, one half of whom are reared in the country, from the age of 1 to 5 years, when they are returned to the city. The ages of the children here, range from 5 to 14. The features of some were intelligent, but intellectuality was not over predominant. At the ages of 14 and 15, they are sent forth, at the discretion of a committee, into a rude and untried world.

## EFFECTS OF SECONDARY SYPHILIS ON OFFSPRING.

[The following is part of a report on Diseases of Children, made by Dr. Condie, of Philadelphia, to the College of Physicians of that city, and published in their quarterly Summary of Transactions.]

Mr. Acton, Surgeon to the Islington Dispensatory, England, adduces three cases, in which constitutional syphilis in the father was the cause of repeated abortions, and, subsequently, of infection of the fœtus born at the full period—the mother remaining throughout wholly free from disease.

A child nine weeks old was brought to him by its mother, on account of an eruption, chiefly papular, over the whole body. The voice was hoarse, and there was a slight discharge from the nose; the palms of the hands presented a scaly, copper-colored eruption. Emaciation was less than is usually observed in children laboring under syphilis; but that peculiar earthy hue of the skin generally, was very evident. The mother stated, that she had been married four years—became pregnant soon after her marriage, and at the full term produced a dead child, the skin of which was dark colored, and peeled off on the slightest touch. During the following year she miscarried. On the occurrence of the third pregnancy, the child that was brought to Mr. A. was born at the full period and perfectly healthy. During the third week, spots were observed on the genital organs, and since then increased constantly in extent. No symptom of either primary or secondary disease, could be discovered in the mother. The father, shortly before his marriage, contracted chancres, was salivated, and secondary symptoms followed. He again took mercury, and believed himself perfectly cured at the time of his marriage. Denies having had any primary symptoms since—but has occasionally seen white spots on his mouth and tongue—has not remarked any spots on his body. There was nothing in his appearance to indicate syphilis, nor could any recent marks be discovered. Mr. A. directed an ointment composed of ungt. hydrarg. nitrat. and spermaceti to be applied to the affected skin, and a powder containing two grains of hydrarg. c. creta, to be given at night. Within a month the child was free from disease, and had regained its healthy appearance.

Mr. A. gives an abridged account of two other cases of secondary syphilis in men, whose wives were free from all disease, but had miscarried. He remarks, that these cases furnish three instances of males affected with constitutional symptoms, who marry and yet fail to communicate any disease to their wives, thus far corroborating our experiments that secondary symptoms are not capable of transmission from an affected male to a healthy female. They moreover make it probable that a male, thus infected, may so far exercise a morbid influence on the embryo, the result of cohabitation between him and a healthy female, as to cause its premature expulsion, or disease it so much, that, soon after birth, secondary symptoms will appear. The first case further induces the belief, that though syphilis may produce a miscarriage, a healthy child can be subsequently born, although no mercury be given to either patient.

If it be true that the father can infect the fœtus without contaminating

the mother, it justifies the surgeon in sparing her a course of mercury—a proceeding always injurious to the child, by deteriorating the milk—and may induce him to treat the child with some mild mercurial, without fear of its being reinfected by suckling the mother—thus offering additional evidence that the mother does not participate in the disease which the child inherits from the father.

## CASE OF TUBERCULAR PHTHISIS, WITH MAL-POSITION OF THE HEART, &c.

By H. O. Jewett, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Miss S. H., æt. 30, of small stature, delicate conformation, and the ordinary characteristics of a strumous diathesis, had been laboring under a feeble state of health for about six years. The principal manifestations were those of general debility, impaired digestion, derangement of the catamenia, and that train of neuralgic symptoms peculiar to patients of her class. During a great part of this period she had been able to keep about the house, but was subject to increased indisposition from the slightest exciting causes. She has several times been brought quite low, and under mild tonic treatment slowly regained what she had learned to call her standard of health. Some time in February last, this patient suffered from a slight catarrhal affection, which gradually wore away, but left her evidently declining; with aggravation of the neuralgic symptoms, small frequent pulse, slightly-furred tongue, nausea, eructations, and frequent retching, bowels generally torpid, and severe cephalalgia, particularly during the latter part of the day, with occasional dysuria, paucity of the urinary secretion, &c. These symptoms continued to increase; the strength gradually wasting, but emaciation did not go on as rapidly as might have been anticipated, considering the severe gastric irritation and total disgust of every kind of nourishment, which had now become almost constant. This condition continued until the last of May, when I left home for a few days. On my return, about the middle of June, I discovered a marked change in the appearance of my patient. Hectic fever, with its usual symptoms, was fully developed. Emaciation had progressed rapidly, and the nausea had become incessant and extremely distressing; mouth aphthous; bowels still torpid; extremities œdematous; and the vital energies fast sinking under colliquative perspiration and irregular febrile paroxysms. There had been very little pectoral pain or oppression; scarcely any cough, and scanty expectoration, consisting principally of transparent mucus; yet auscultation at this time revealed unequivocal signs of extensive pulmonary disorganization. With this aspect the case continued to advance, and terminated fatally on the 21st of July.

*Autopsy.*—Thorax much contracted and flattened on the left side. On reflecting off the integuments and raising the sternum, which had nearly approximated the vertebral column, the mediastinum appeared to



the right of the mesial line. The left cavity of the chest, much reduced in capacity, was occupied by the lung of that side, which did not collapse on the division of the pleura. The superior portion of this lung, of a dark ash color, presented upon its surface the appearance of an aggregation of globular bodies, about the size of nutmegs, enveloped in a thin membrane. This proved to be an extensive abscess, filled with thick pus, and involving the whole anterior superior lobe. The remaining portion of the organ was in a state of hepatization, interspersed with tubercles, varying in size and progress of development. No part of this lung was permeable to the air, the bronchial tubes being entirely obliterated except at its very root. Upon the right side were found strong adhesions between the pleura costalis and pulmonalis, throughout the whole extent of the anterior and lateral surfaces of the lung. About one third of the lung, including the inferior portion, hepatized, and through its whole structure were observed tubercles, some apparently in a quiescent state, but many of them in process of softening and exhibiting the character vomicae. The pericardium and mediastinum upon the right side strongly agglutinated, and the pericardium anteriorly firmly bound to the thoracic parietes. The heart, somewhat atrophied, but otherwise healthy in appearance, occupied a position upon the right side of the spine, with its axis much obliques to the right. In this situation it was fixed by adhesion of its investment with the surrounding tissues. The pulmonary vessels, aorta, œsophagus, &c., normal, except being somewhat inclined to the right in maintaining their relation to the mediastinum and heart.

*Appearance of the Abdominal Viscera.*—Stomach sacculated at its cardiac extremity, and for about two thirds of its extent towards the pylorus, contracted, tubular, and its coats indurated. Mucous surface exhibiting marks of extensive ulceration and erosion. Liver hypertrophied, somewhat indurated, and tuberculous. Left lobe absent, the organ lying wholly upon the right of the vertebral column. Pancreas enlarged and indurated. Spleen considerably hypertrophied, and, when laid open with the knife, presented the appearance of a homogeneous, curdy mass, of a pale ash color, and easily broken down with the fingers. Peritoneum thickly studded with tubercular depositions, &c. &c.

*Remarks.*—I merely give an outline of the above case, copied from my note-book, and much abbreviated, omitting minutiae that I may not fatigue your readers with too lengthy a detail. The case, though not entirely unique in its character, presents features somewhat peculiar. The pathology of the abdominal viscera might have been rationally inferred, but the extensive pulmonary lesions revealed by the *post-mortem* would scarcely have been suspected from the symptoms. It will be observed there had been very little pectoral pain or respiratory difficulty; no continued cough; scanty expectoration, and that not of a purulent character; in short, an absence of many of the signs of perfectly developed phthisis. The anatomical deviations of the liver were of course congenital. Was it thus with the malposition of the heart, or was this the result of disease? The adhesions upon the right side were strong and resisting, being evidently long standing. (I am told that the patient suffered from a se-

vere attack of pleuritis in the winter of 1840.) With these adhesions there were consequent contractions. The functions of the right lung were greatly impeded; its power to re-act against the mediastinum was limited, while the left had doubtless been acting freely, at least during the early part of her complaint. How far these circumstances may have contributed to the displacement, I am unable to say.

I am not aware of any instance upon record where this mal-position of the heart has existed congenitally, without a corresponding transposition of the other viscera of the thorax—a circumstance which did pertain to this case.

*Summer Hill, N. Y., Aug 28th, 1846.*

### REMARKABLE CASE OF EARLY PREGNANCY.

[Communicated for the Boston Med. and Surg. Journal.]

THE present case is not communicated on account of anything very peculiar in the labor itself, but on account of the remarkably early age at which conception took place, the patient being only in her twelfth year. Although similar or more remarkable cases are not unfrequent among females of tropical climates and more southern latitudes, yet I doubt whether they often occur in New England.

July 3d, 1846, 3 o'clock, P. M. Called to Miss L. A. W., aged 12 years 8 months. Her mother informed me that she had been attacked, the afternoon previous to my seeing her, with pain in the back, alternating with intervals of ease, which had continued, more or less frequent, through the night and up to the time at which I first saw her. She stated that her little girl had enjoyed unusually good health from an infant, until within three or four months, when she feared she might be dropsical, as she had become very corpulent, though she had been remarkably fleshy from a child. Her appetite had been very good, which she had without restraint indulged, taking but very little bodily exercise. The mother was not aware, as she stated, that her daughter had ever menstruated, though I afterwards satisfactorily learned from the patient that the catamenia had two or three times made their appearance about a year previous. The mother then stated to me that her daughter appeared to her like a woman in labor, though from the circumstances of the case she could not believe it possible.

On learning these general particulars, I was introduced to the apartment of the patient—whom I had never before seen, and whom I found at that moment in a pretty severe dilating pain of the *os uteri*, of which I had scarcely a doubt from her general appearance and gestures. By placing my hand upon the abdomen, I ascertained to my satisfaction that the uterus contained a *fœtus*, and that it continued to live. Although the patient had then been in labor about twenty-four hours, I found, by examination per vaginam, the *os uteri* scarcely dilated so as to admit the finger. I soon, however, ascertained the presentation to be natural, though the mouth of the uterus was of a very hard and unyielding

racter. The pains soon became very frequent and intense, and it was with difficulty that we kept the young patient quiet without physical restraint. She began to complain of severe pain in the head, and being of a very plethoric habit I was about to resort to venesection, fearing puerperal convulsions, when I decided first to try the effects of emesis by tartar emetic, the headache having first been allayed by means of cold evaporating lotions. On the occurrence of nausea, the os uteri became soft and dilatable, so that the labor terminated favorably, to both the young mother and child, at about 12, P.M. I then took the placenta without difficulty, and although considerable hemorrhage followed, it was soon easily governed by means of cold lotions to the hypogastrium, and the bandage, by which a good contraction of the uterus was secured. The patient got along well, and in two weeks was able to sit up the whole day, and perform considerable labor.

It appears that the menstrual function in this case was established, when the patient was about 11½ years of age. She was a girl of rather retired manners, having mingled but little in society, her parents then residing in a secluded rural district of this town. J. B. WALKER.

*East Stoughton, August 17, 1846.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 9, 1846.

*Dictionary of Dental Science.*—Quite an original idea has been seized upon by Dr. C. A. Harris, of the Baltimore College of Dentistry, which promises well. It is a dictionary, explanatory of the terms and the things appertaining to a department of useful knowledge in which he is eminently distinguished. Dr. Harris has issued a circular, with a view to collecting, from all available sources, information respecting the present state of dental science, together with the names, words and signs known to the operative dentist, to express his thoughts or his acts in the circle of his business. In order to aid the author to the extent of our ability in this excellent design, the prominent points to which he asks the attention of the craft, are copied, presuming that very many gentlemen may be addressed through our Journal in this manner, who might not otherwise hear of the contemplated undertaking. We bespeak for him the prompt and cordial co-operation of all persons who have it in their power to be serviceable in this new and useful enterprise.

“*First.* Have you knowledge of any deceased dentist or dentists, whose contributions to dental literature, superior skill, or remarkable character, entitle him or them to biographical notice in such a work as the one proposed? If so, the undersigned would be glad to have names and such items of history as your judgment may select. If your information concerning them will enable you to do so, state when and where they were born; the character of their early pursuits, extent of their education, with whom they studied and served their professional apprenticeship;



when they commenced practice; their skill in the several branches of the dental art, the improvements they made either in theory or practice, or in dental instruments; their contributions to the literature of dental science, the place or places where they practised; their standing in society, and when and where they died, with the disease which caused their deaths.

"*Second.* Have you invented any dental instrument or appliance of any kind, which upon full trial you consider valuable to the profession? If so, please describe it.

"*Third.* Have you improved any instrument previously known? If so, please transmit a description of it.

"*Fourth.* Have you performed any remarkable or extraordinary operation upon the mouth? If so, describe it, pointing out any particulars which entitle you to the award of originality in conception, or superior dexterity in operating. Do not confine your answer to operations on the teeth, but include the whole buccal cavity.

"*Fifth.* Do you know of any such operation performed by any other than yourself, not yet reported?

"*Sixth.* Have you met with any remarkable cases of disease or deformity of the organs in question? If so, describe them, with mode of treatment adopted, and any other information with regard to them.

"*Seventh.* Have you remarked serious results from the use of unscientific preparations, awkward operations? &c. &c.

"*Eighth.* Have you made observations which you think valuable upon the causes of dental disease, and their prevention? If so, please transmit them in such form as you may think proper.

"*Ninth.* What are the names and addresses of the best dentists in your vicinity?

"It would be very desirable, if you could do so conveniently, to accompany any description, which you may have the kindness to furnish, of any newly invented instrument or appliance, or of any improvement on any previously in use, with an accurate drawing."

*Philadelphia School of Anatomy.*—Dr. James McClintock, an able teacher of the intricacies of anatomy, associated with other gentlemen, equally active and correct as instructors in their departments, will open his regular autumnal course the first Monday in November, with excellent prospects. Of the importance of availing oneself of such facilities as are offered in private schools, like this, while pursuing the prescribed routine of public schools, no one can doubt. It is very difficult, if not impossible, to see distinctly the parts referred to by the professor, in the centre of a great class; and without carefully inspecting the subject, daily, and reviewing the muscles, nerves, vessels, &c., in their relations to each other, the most satisfactory and brilliant demonstrations in human or comparative anatomy would be nearly lost to a new beginner.

*Congestive Remittent Fever.*—One of the smallest kind of pamphlets, not much thicker than a sheet of pasteboard, entitled "An Essay on Congestive Remittent Fever, the disease of the South, containing an explanation of its phenomena and the modus operandi of the therapeutic agents employed by the application of electrical laws, by Otis Frederick

Manson, M.D.," has lately been sent out into the world, from Richmond, Virginia. Whether the difficulty is in the author or ourselves, in regard to understanding the text, we have not yet determined. Dr. Manson apparently writes sensibly enough, yet there is a difficulty somewhere, which leaves his theory, or his facts, in a cloud of obscurity. "The cause of fever," he says, "consists in great and rapid diurnal variations of temperature, or electrical states of the atmosphere. As I have before remarked, during the period at which disease is prevalent, the thermometer varies from 20 to 25 degrees between 2 and 4, A. M., and 2 and 3, P. M., the period of time varying from ten to twelve hours. We have said before that on the disappearance of the sun, the hemisphere of the earth, enveloped in darkness, became electro-negative—this negative condition of course is increased, in those regions where large bodies of water are found (which is an electric conductor), and where frequent rains have been prevalent." Not wishing to interfere with the circulation of the new theory, by copying too much from the pamphlet, we are unwilling to leave it without saying that Dr. Manson evinces an earnestness in his profession, honorable in the highest degree; and if he fails to convince others that the problem is finally solved, viz., the cause of congestive remittent fevers, his researches show he is in pursuit of truth, with a desire to ameliorate the sufferings of the sick, and to lengthen the span of human life.

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*Eclectic Medical Institute of Cincinnati.*—The queen city of the West is distinguished for as many shades in quackery as is the city of Boston, and in some respects transcends her in the activity of her medicine mongers. Numerous as are the pretenders to medical skill in this place, the operators of all classes, thus far, have only been ambitious to profit as largely as possible, by their cunningly devised impositions, on the medicine-taking people of the present age; but in Cincinnati, one of these classes of adventurers are not content with present individual operations, they are determined to unite and teach their theoretical speculations to their successors. Hence the creation of the Eclectic School. The principal evidence of its being a moonshine institution, rests on the fact that one or two of the faculty are celebrated for their efforts in teaching that which is neither new nor true, and yet are clamorous, so far as their own tongues are concerned, for distinctions to which they have no right as discoverers. An extra sheet of the Western Medical Reformer heralds the qualifications and transcendent merits of the faculty with such strongly concocted zeal, that it is fair to conclude the whole was paid for satisfactorily, in advance.

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*"Young Physic" Reviewed.*—Dr. Lawson, of the Lexington Medical School, has produced an able paper—being "A Review of Homœopathy, Allopathy and Young Physic." The pamphlet came at an hour too late for an extended notice. There is time and space, however, for saying that he has nobly sustained the cause of true medical science, and shown that the world is not wholly carried away by sophistry, or the belligerent attacks of ignorance and self-conceit.

*University of Buffalo.*—In accordance with the provision of the charter, the medical department of the newly-created University has been organized, and the faculty chosen. Drs. Lee and Webster are detached from the Geneva College, and accept chairs at Buffalo. What is to become of Geneva? There are now five medical institutions existing in the State of New York, legally constituted, besides several others just upon the borders. May they all live a thousand years.

*Townsend's Sarsaparilla.*—In no branch of business is more ingenuity manifested than in that pursued by the sarsaparilla merchants. It has become a money-making pursuit, and hence there is prodigious activity and rivalry among the dealers, to out-do and circumvent each other. Certificates of cures, and bold declarations of the astonishing effects of that harmless root on the odds and ends of humanity, are the chief levers by which the gullible part of the people are moved to purchase. We have been perusing the grand display of authority for using Townsend's Sarsaparilla, in an ambulating sheet that is circulating over the town. If the same talent which was exerted in constructing this wonderful advertisement, were devoted to some department of literature, or even the sciences, the author would soon rise to distinction. It is lamentable that such ingenuity and tact at discovering the weak, assailable points of ordinary men and women, should be wasted on something so worthless as the coinage of arguments to induce the ignorant, the foolish, and the thoughtless, to stake the issues of life, health and happiness on a bottle of sarsaparilla. One column in the flying roll leads off thus—“*To mothers and married. Girls, read this! Gentlemen and lady mechanics! To emigrants going West. Advice to sailors. To persons in health! Take care of your children. Mercurial disease. Hereditary taint. Great female medicine! Sores and ulcers. Palpitation of the heart. Liver complaint. Piles. Consumption can be cured,*” &c. &c., till one is weary of reading—and for all these life-destroying agents, Townsend's Sarsaparilla is the one thing needful. Verily, the world is given to cheating.

*Cases of Cyanosis.*—M. Aberle, of Vienna, gives the following conclusions as the result of the analysis of 189 cases of cyanosis:

In 100 cases there was a defect in the partition of the ventricles; in 87 of these cases, there was also an abnormal communication of the ventricle with the aorta; in 22, the foramen ovale was closed; and in 65, it was open. In 4 cases only, the pulmonary artery arose from both ventricles. In the 87 cases in which the aorta arose from both ventricles, the pulmonary artery was 37 times strictured, or even quite closed. Of the 180 cases, two-thirds were males.

The duration of life in cases of cyanosis is indicated by the following list:—

Death occurred, in the first 24 hours, in *four* cases; within the first 14 days, in *sixteen*; before the end of the first month, in *seven*; from the second to the third month, in *six*; from the third to the sixth month, in *eight*; from six to twelve months, in *twelve*; from one to two years, in *seven*; from two to three years, in *nine*; from three to six years, in *eleven*; from six to eight years, in *eleven*; from eight to eleven years, in *thirteen*; from thirteen to sixteen years, in *twelve*; from sixteen to twenty years, in *eight*; from twenty to twenty-five years, in *ten*; from twenty-five



to thirty years, in *six*; from thirty to thirty-five years, in *five*; from thirty-five to forty-five years, in *five*; from forty-five to sixty years, in *four*; and at eighty years in one case. In *ten* cases, the age is not indicated.—*Transactions of the Philadelphia College of Physicians.*

*Medical Miscellany.*—The degree of LL.D. was conferred on Dr. David M. Reese, of New York, by the University of Transylvania, on the annual commencement day.—At the late commencement of Yale College, the honorary degree of M.D. was conferred on the following gentlemen, residing in Connecticut, viz., Dr. George O. Sumner, Dr. Chauncey Burgess, Dr. George O. Jarvis, Dr. Joseph C. Dow; and M.D., in course, on Josiah H. Beecher, Jacob T. Buckley, Judson Candee, William A. Durrie, Samuel A. Hills, John W. Hubell, George W. Ives, Job Kenyon, Jeremiah King, DeWitt C. Lathrop, Jos. J. Meigs, Edwin A. Park, Seth Pease, Frederick W. Perry, Samuel W. Skinner, Nathaniel W. Taylor, Chas. Thomas, Sylvester W. Turner, Andrew J. White.—Considerable sickness prevails at Hagerstown, embracing intermittent, bilious, typhus and congestive fevers.—A new book is out by Edward Johnson, M.D., in which it is declared that indigestion is not a disease of the stomach, &c.—Dr. Prime is the author of a history of Long Island, N. Y.—Water-cure journals are on the increase. Dr. J. D. Cope, of Salem, Ohio, has started one.—Bowel complaints swept off vast numbers of young children during the latter part of August.—Dr. Charles Van Zandt is a candidate for the office of coroner, in New York.—At Burita and Brazos Island, the American troops are represented to be very sickly. Such is the filthy condition of the streets at Matamoras that it is truly wonderful that the public health is not destroyed.—Dr. Swett's lectures on diseases of the chest are continued in the New York Medical and Surgical Reporter. Portions of one of them were marked for quotation in this Journal, but the notification on the cover of that work that it was copy-righted was pointed out, and we presumed, therefore, that they must not be touched.—Cases of popliteal aneurism treated by compression, by Dr. Porter, of Dublin, appear among the original communications of both the Dublin Quarterly Journal and the Philadelphia Medical Examiner. Which Journal had the honor of receiving the manuscript?—Dr. John C. Warren, of Boston, and Dr. S. D. Gross, of Louisville, have been elected Associate Members of the Philadelphia College of Physicians.

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TO CORRESPONDENTS.—Dr. Ingalls's remarks on the relapse periods of ague, and Dr. Sutton's case of malignant pustule, have been received.

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MARRIED.—At Buffalo, Dr. Charles H. Quinlan to Miss R. Epen.—At Newton, N. J., Dr. Anthony D. Norford to Miss M. A. Ryerson.—At Cincinnati, Ohio, Frederick A. Waldo, M.D., to Miss F. Learnard.—At Staten Island, N. Y., James G. Clark, M.D., to Miss M. C. Thibault.—Merritt F. Potter, M.D., of Charlemont, Mass., to Miss H. E. Winslow.

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DIED.—At Newark, N. J., Dr. Abraham Canfield, 49, of consumption.—At Chelsea, Mass., Dr. John Lock, 74, formerly of Portsmouth, N. H.

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*Report of Deaths in Boston*—for the week ending Sept. 5th, 80.—Males, 45, females, 35.—Stillborn, 1. Of consumption, 9—dysentery, 5—cholera infantum, 11—diarrhœa, 3—disease of the bowels, 12—infantile, 3—dropsy on the brain, 1—brain fever, 1—liver complaint, 3—dropsy, 1—canker, 1—hooping cough, 3—typhus fever, 5—scarlet fever, 2—convulsions, 2—disease of the heart, 2—child-bed, 1—apoplexy, 1—accidental, 2—measles, 1—disease of glands, 1—marasmus, 1—sudden, 1—drowned, 1—unknown, 2.  
Under 5 years, 52—between 5 and 20 years, 1—between 20 and 40 years, 10—over 40 and 60 years, 10—over 60 years, 2.

*Travelling in Summer.*—Rev. H. Winslow, of Boston, has an excellent article in the last No. of the Journal of Health, continued from previous Nos., on Premature Old Age. This portion is mainly devoted to the subject of *recreation*, a few paragraphs of which are copied below.

"There is no season in the year when the stomach, usually condemned to labor beyond its ability, is less able to work hard than in July and August. It sympathizes, precisely, with all the other members and functions of the body. And yet, it is precisely at the time when this poor jaded servant most of all needs rest, that multitudes rush to the halls and gathering places, where every board groans with its life-killing burdens; where the luxuries provided, and the exciting presence and example of hundreds of mouths eager to reward the purse at the expense of the stomach, render it next to impossible not to transgress, seriously, the laws of life. To make the matter worse, the laboring stomach is teased with mineral waters, wines, bitters, pills, tobacco juice and tobacco fumes, taken both throatwise and lungwise, to ease itself of its oft-recurring burdens. And because the generous stomach, under this extraordinary spasmodic pressure, sends out weekly into the skin a pound or two of additional diseased flesh, its deceived owner thinks himself on the high way to health, whereas he is going towards the grave, almost as fast as a doctor could send him. The stomach will be revenged for all this, and the day of retribution is not far off."

"A large portion of the diseases and cases of mortality, so frequent in August and September, result from what may be called fashionable dissipation. The best place in the world for children, if you would have them live, is a good and quiet home. Parents visit the gathering places, with their children, in the sultry summer and early autumn, at the peril of their lives. The country is good for them, if they have a quiet and steady home, and wholesome food; but even the crowded city is better than journeying, amid the pernicious excitements of the places of gay resort. I never hear a child cry at Saratoga, but I pity the mother much, and the child more."

**BALTIMORE COLLEGE OF DENTAL SURGERY.**—Session 1846-7.

The regular course of Lectures in this Institution commences the 1st Mouday of Nov. next, and ends the latter part of February.

CHAPIN A. HARRIS, M.D., Prof. of Principles and Praticce of Dental Surgery.

THOS. E. BOND, JR., M.D., Prof. of Special Pathology and Therapeutics.

W. R. HANDY, M.D., Prof. of Anatomy and Physiology.

AMOS WESTCOTT, M.D., Prof. of Operative and Mechanical Dentistry.

CYRENIUS O. CONE, D.D.S., Demonstrator of Mechanical Dentistry.

The Faculty are gratified in being able to inform the community that they commence the coming session of Lectures with the most encouraging prospects, not only in the anticipated increase of pupils, but also in the very considerable enlargement of practical facilities to the Dental student.

They are happy to state that the vacancy in the Faculty is now permanently filled by the election of Amos Westcott, M.D., of New York, to the chair of Operative and Mechanical Dentistry—a gentleman of well known and high distinction in his profession, and one of the editors of the American Journal of Dental Science.

The practical department will be under his especial charge, aided by Dr. Cone who has been elected Demonstrator of Mechanical Dentistry. The Dental Infirmary will be in full operation.

The Dental student cannot thus fail to perceive, and the Faculty desire to impress the fact on the Dental profession at large, that the most ample provision is now furnished for making the Dental student both thoroughly and practically skilled, as well as accomplished in his profession.

To this end, the Faculty are happy further to state, that they expect to enter their new College Building, now in course of erection, the coming session—which is being constructed with an eye single to all the conveniences, and containing all the tools and appliances necessary to the most complete practical instruction, and which each student is required to use for himself.

The Museum contains many costly preparations, chiefly Anatomical, recently imported from Paris, in addition to the already valuable collection.

Ticket of Lectures, Professor, \$25. Matriculation, \$5. Demonstrator's Ticket, \$10. Dissecting Ticket, \$10. Diploma, \$20. Sept. 2—5t

W. R. HANDY, Dean.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 7.

## CHARACTER OF GOOD AND BAD MILK IN NURSES.

M. ALBERT DONNE, in his *Cours de Microscopie*, observes, that our ignorance at the present day with regard to the character of good and bad milk in nurses, and the mode of distinguishing that which possesses qualities requisite for the life and health of the child, from that which affords to it an unwholesome kind of food, is so great, that it is almost impossible to find a practitioner, nurse, or even a chemist, capable of forming an opinion whether a given specimen be of good or bad quality. We have no hesitation in stating, that all which has hitherto been said and written on the subject, so far at least as regards the peculiar qualities of the milk in relation to the nourishment of infants, is absolutely valueless. No one, certainly, is likely to be deceived by the color, consistence, or even the taste of milk; yet nothing can be more vague than are such characters—it is impossible to attach any real value to them—and since they are based on nothing positive, each person may interpret them as he pleases; consequently the attention of medical men is directed rather to the general health of nurses than to the properties of their milk; and the examination of the secretion, if undertaken, is performed merely as a matter of form. Undoubtedly the general health is an indispensable condition, and one to which especial attention ought to be directed in the selection of a nurse, yet this condition is far from being the only one deserving of consideration, and it is well known that the best health is not always a guarantee for the good qualities of a nurse or the nutritive properties of her milk; the lacteal secretion may be insufficient or abnormal in a woman otherwise perfectly healthy. Is it not a matter of daily observation that one woman, although of a meagre, sickly appearance, makes a better nurse than another woman of the healthiest aspect; and are we not frequently deceived as to the state of the constitution by external appearances? It is evident that the organs endowed with the function of secreting milk, are, so to speak, placed too much without the general economy, to allow of the qualities of this secretion being estimated by the integrity of other organs, and the regularity of the other functions. It is in the milk itself, therefore, that we must search for the character of the good and bad qualities, and until we possess the means of observing its properties, and its good or bad nature in relation to the nourishment of infants, practice will be deprived of any rule, the choice of nurses will be made in an empirical manner, and the determination of mothers who wish to suckle will more frequently be regulated by chance



or caprice, than by reason, or with a due regard to the interests of their children. The subject has recently attracted the attention of M. Girard, who has furnished several cases in illustration of the influence of the nurse's milk upon the health of infants, followed by some very judicious observations. (*Archives Générales de Médecine.*)

CASE I.—In September, 1840, a child, aged 5 months, was brought to me. I was informed that it was strong and vigorous when born, and that it was at once delivered to the charge of a nurse, who had been suckling for fourteen months. It shortly became uneasy, cried incessantly, and was only quiet when at the breast; it gradually grew thin, and diarrhœa was established, the stools being of a green color. When brought to me it presented the following condition: face thin and pale, tongue red with a few scattered aphthous points; belly tense; a bright erythematous redness over the thighs and nates; there were frequent discharges from the bowels of a green color, vomiting of curdled milk several times a-day; the child slept badly, frequently awaking. This was the third time the child had been attacked with an almost similar set of symptoms, with the exception of the aphthæ, which now appeared for the first time, while the other symptoms, generally, were of greater severity than before. The nurse's milk was very alkaline, but was not examined microscopically. The child not improving under the treatment adopted, it was determined to change its milk, and a nurse was obtained who had been suckling for only three months. There was at once a marked amelioration of all the symptoms; in two days the diarrhœa had considerably abated, and at the end of a week all indications of disease were gone.

II.—This was an infant born in November, 1844, strong and well formed. It was suckled by its mother for ten days, when, in consequence of her breast becoming enlarged and painful, a nurse was employed for the infant, of middle size, dark complexion, and about 30 years of age. She exhibited no appearance of disease; her breasts were small; her milk was sweet, of good color, consistence and quantity, and about three weeks old. In a few days the child's sleep became disturbed; it lost flesh, its stools became more frequent, sometimes green, at others black; nausea and vomiting ensued; a bright redness extended over the thighs and nates, and the child became very restless. On the third of December, or about three weeks from its birth, it presented the following appearances: extreme emaciation; dry and rough skin; frequent diarrhœa, with green stools; tense and painful abdomen; extensive erythema over the surface of the body; some vesicles on the scrotum; constant vomiting after taking the least quantity of milk or other fluid; tongue red, and in common with the mucous membrane of the lips and cheeks, covered with numerous aphthous spots. Notwithstanding the treatment adopted, the symptoms became more intense. On the ninth of December, the nurse's milk was examined microscopically by M. Duforsé. There was nothing peculiar in its color; its consistence was that of milk containing much cream; treated with ammonia it became slightly viscous; it was neither acid nor alkaline. A drop magnified 300 diameters, show-

ed, 1st, that the milk globules were in great abundance, as is the case in very rich milk; they were of considerable size; the largest resembling small bladders half filled with liquid, and collapsed. Instead of having a pearl-like brilliancy, most of them, especially the large ones, were of a dull white color somewhat resembling opal; some of them, aggregated together, formed small groups, which could be moved about in all directions, without a single globule being detached. When submitted to slight pressure, the several groups spread out so as to occupy a surface five or six times greater than they presented at first, and they assumed various forms. The smallest quantity of sulphuric ether introduced between the plates of glass dissolved a large quantity of them very rapidly. 2d, the field of the microscope was beset with roundish granular bodies, perfectly colorless, and presenting all the characters described by J. Henlé, Donné, Mandl, Guterbrok, and other micrographers.

To these particles Donné first applied the term, *corps granuleux*, and describes them as invariably existing in colostrum, but disappearing gradually as the milk becomes older, so that after about the twentieth day, and usually much sooner, no trace of them is to be found. They co-exist with ordinary milk globules, but differ from these in form, size, general aspect, and internal composition. They present all possible varieties of form and size; the smallest being about one hundredth of a millimetre, the largest many times that size; they are slightly transparent, usually of a yellowish color, and of a granular aspect, appearing as if composed of a number of small granules aggregated together inclosed within a transparent envelop; very often there exists in the centre or at some other point of these little heaps, a single globule, which is apparently a true milk globule imprisoned within the granular matter. The nature of these granular bodies is unknown. Donné supposes that they consist of fatty matter, and of a peculiar mucous substance. They are insoluble in alkalis, but like true milk globules dissolve in ether, and after the evaporation of the ether small heaps of acicular crystals remain on the glass. (*Cours de Microscopie.*) Although these granular bodies are usually peculiar to colostrum alone, yet Donné remarks, that they, as well as the other peculiarities of the colostrum, as, the large irregular size of the milk globules, which instead of floating free are agglomerated together in small masses, may persist for many months, or even to the end of suckling. The existence of this condition, which can only be discovered by the microscope, may take place in a nurse in perfect health; it however affects injuriously the infant, which usually grows thin, although continually at the breast, and is commonly attacked with diarrhœa. The state of the milk here alluded to, appears to have been that of the nurse in this second case of M. Girard, who continues the narrative of it thus—

The nurse was changed; one being selected whose milk appeared perfectly pure; scarcely two days elapsed when the diarrhœa and vomiting diminished, and speedily ceased altogether; the aphthous patches disappeared, the tongue resumed its natural color, and the erythema faded. From this time the child speedily recovered its good looks, and became fat; its stools being natural, and sleep good.



The third case related by M. Girard is that of a male child, the seventh of a female 28 years old. A former child of this lady had died, when six months old, of a disease marked by intense thirst, extreme emaciation, diarrhoea, with green stools, and glairy vomiting. The present infant took the breast readily, and was apparently in good health, yet vomited occasionally after suckling; the milk to all appearance was perfectly good. About the commencement of the second month the vomiting increased in frequency. Supposing this arose from the child overloading its stomach, the breast was given to it less frequently, and a little sugar and water substituted in the intervals; still, after each time of taking the breast it vomited, though it could retain other liquids; it soon grew thin and pale, and its bowels were alternately constipated and relaxed. Towards the middle of the second month, other symptoms suddenly occurred; the child screamed out, ceased to breathe, and became unconscious; its face and hands assumed a livid hue; this condition lasted for a few seconds, and then passed off spontaneously, leaving the child weak and faint for some hours. Within the next twenty days the child had many similar attacks, which came on at uncertain periods, both day and night, without any obvious cause. Blisters, antispasmodics and baths were employed without any benefit. The vomiting still continued. The milk was now examined microscopically, several times, at intervals of some days, and was found to present an enormous quantity of mucous globules without any other alteration. The mother was opposed to procuring a nurse for her infant. Eight days subsequently, the vomiting having diminished in frequency, the milk was again examined, and presented a diminution in the quantity of mucus; but the vomiting increased in frequency, after a few days, and the milk indicated an augmentation of globules. The child continued to grow thin; a slight diarrhoea showed itself, and the chest affection remained. The mother now becoming alarmed, consented to the employment of a nurse. After the examination of the milk of several, at length a nurse was obtained whose milk, microscopically examined, was perfectly pure. Two days after taking this milk, the vomiting entirely ceased, as well as the symptoms of asthma, and neither of them ever re-appeared; the child speedily became fat, strong and healthy, and so remained.

In remarking upon these cases, M. Girard queries; whether, without wishing to generalize too much, or to establish a theory, from a few facts, it is not logical to observe here a relation of cause and effect. What do we see in the second case? a severe and frequently fatal affection, rapidly on the increase, which had resisted all rational means adopted for its removal, but yielding with the greatest facility to a change in the milk with which the child was fed. The disease coincided with the ingestion of impure milk, and ceased when milk of a pure quality was substituted. In the third case the same thing occurred, although the symptoms were somewhat different. Is it unreasonable, then, to conclude, that certain severe pathological conditions may be produced by alterations in the milk alone, and may be dissipated, even when they have attained a very high degree, by a substitution of milk of good quality? It would be a point of much



flooded with light, and  
an event which she  
to avert it. Feeling  
very imprudently rose  
found reclining upon a sofa  
quences, feeling uneasy towards  
ercise might benefit her, she walked  
the result of which was, as may be  
rigid maintenance of the recumbent posture, the sponge

...the  
...reas-  
...the head was  
...if absent. There  
...regular, and no headache,  
...agonizing. There was,  
...there was but little tenderness on  
...she suffered these pains. Suspect-  
...refully examined, *but no local evi-*  
...*ness such an affection was discoverable.* Her chest was examined

by the stethoscope, but no abnormal sound, except a mucous râle at the upper part of the left lung was observed. The case was viewed as one of neuralgic rheumatism, and treated accordingly. In the course of a fortnight she was sufficiently recovered to bear her removal to her mother's house, and her strength became there, in a few days more, so far restored as to enable her to walk about, and even to join the family circle. She, however, again labored under the prolapsus, and was again compelled to adopt the employment of the sponge pessaries, and the astringent injections.

From this time her convalescence had every appearance of being progressive, when about the beginning of March a new train of symptoms began to develop themselves. Nausea and vomiting, especially after ingesta—obstinate costiveness—shooting pains across the lower part of the thorax, and apparently along the attachment of the diaphragm—anxious and hurried breathing, with frequent sighing. Her spine was again examined, and *a marked tenderness on pressure was now for the first time observed over the seats of the ninth and tenth dorsal vertebrae*, pressure here exciting the thoracic inquietude. Remedial measures were immediately directed to this part. This treatment consisted in the employment of repeated blisters, and counter-irritant ointments of tartar emetic and croton oil; the internal exhibition of occasional brisk purgatives, in which the croton oil was the chief ingredient, and a mild mercurial salivation. Bleeding was not deemed expedient, in consequence of her habit of body, and her general debility. There was yet but little acceleration of the pulse, and but a very trifling febrile reaction. The pains and uneasiness, despite of this treatment, which was strictly carried out, augmented, and became most acute, as well as much aggravated by the slightest pressure. On the 14th March, her pulse had increased to 100, with considerable fever and thirst. The dyspnoea increased, especially towards evening and during the night, but remitted towards morning and during the day. She complained of a sensation, as if "*her chest was bound by a hoop*," which now became a new symptom, superadded to those detailed. On the 21st, a remission in the severity of all the symptoms took place, and she both looked and expressed herself as being better. This apparent state of amelioration continued for a few days. Early on the morning of the 24th, I was hastily called up to see her, the message left being to the effect that she was dying. Desirous of availing myself of Dr. Holmes's experience, we from this time attended the case together. We found her recovering from a state of apparently hysterical delirium, in which she had been during the latter part of the night. There was no fever, thirst great, tongue much loaded with a thick white fur, pulse about 96, small, and rather sharp, retention of urine, no alvine evacuation since the preceding morning, constriction across the chest, with darting pains through it as before, sensation of numbness in the lower extremities, with great pain on moving or flexing them. On examining the spine, *no tenderness was experienced on pressing over the originally tender spots, but there was considerable tenderness now over the seats of the fourth and fifth cervical vertebrae*. The catheter was used,



and a turpentine enema administered, which speedily brought away a large quantity of very offensively smelling *feculent* matter. The urine possessed an exceedingly foetid and highly ammoniacal odor. Her feet were immersed in a hot mustard bath, and the revulsive treatment to the *nuchæ* was again adopted, the blisters being afterwards dressed by extract of belladonna. A blister was re-applied to the dorsal vertebræ, over the seat of an old one, which was yet uncicatrized. Although she had been previously slightly mercurialized, it was deemed advisable to put her again under the influence of mercury, and three grains of calomel, with three grains of camphor, were accordingly prescribed to be taken every three hours. An anodyne draught of tincture of opium, with succinated spirit of ammonia, was instantly administered. In the evening of the same day there was but little amelioration. She had a tranquil sleep, however, under the influence of the narcotic, which required repetition before that effect took place. It was again necessary to use the catheter, and administer an enema. The withdrawal of the catheter was always attended with great pain.

On the 25th, all the symptoms were worse. On the 27th, leeches were applied to the *nuchæ* without benefit. Pulse 120, smaller, becoming irregular, yet still retaining its sharpness. Tongue dry, and becoming brown. Her intelligence seemed perfect when she was sharply addressed, and her attention engaged on the speaker, but she quickly relapsed into a kind of muttering delirium, to which eventually was super-added *subsultus tendinum*. She calmly expired on the morning of the 28th.

A known objection on the part of her relatives to *post-mortem* examinations, precluded an examination of any other part than the spine. Forty-eight hours after death, the vertebral canal was opened, and the spinal column exposed. The theca was found throughout its whole length much *congested*, but without any evidences of *inflammation*. On running the finger along the cord, at the tenth vertebral space, it suddenly sank into its substance. The theca was slit up, and here, and here only, was any disorganization of the cord perceptible; for the space of about an inch it had undergone a complete *ramollissement*. The softened tissue was *white* (not brown or lees color, as usually seen), and the disorganization appeared to have extended through the cord, involving the gray as well as the medullary portion. The cervical portion of the cord was firm, and of the usual consistency.

The close attention which has been bestowed upon pathology, has of late years elicited much useful information relative to the influence which appears to be exerted upon the brain and spinal column by deviations from a healthy state in the various viscera of the body. The sympathetic phenomena which thus develop themselves, have been chiefly studied with reference to gastritis and inflammatory affections generally of the mucous and serous coats of the intestinal canal, and more lately still of the kidneys and urinary apparatus. The principle laid down by Dr. Stokes, "That in all diseases, as a general rule, there is an affection of the nervous system, either local or general, or, in other words, that there

is no disease which we could name, which does not present signs of an affection of the nervous system, either *quoad* the suffering organ itself, or of an affection more general and diffuse," is a perfectly just one, consonant with the experience of all who watch narrowly the progress of diseases, and is a necessary consequence of that very intimate nervous communication which is found to exist, either directly or indirectly, between all parts of the animal organization. Most usually, the reflex phenomena which are thus induced, are the consequences of simple irritation of the nervous centres, not the slightest abnormal appearances having been discerned in the brain or spinal cord after death in cases in which such phenomena were even markedly developed. Instances of this nature might be multiplied, but they are unnecessary, as brevity is my object; but while thus, in the generality of cases, irritation at the peripheral extremities of the nerves, may excite no appreciable morbid alteration in the organization of the brain or cord, there yet can be no doubt, that when long continued and of an exalted character, it may be productive of such effects. The following case, quoted in Stokes's Lectures on the Theory and Practice of Physic, will illustrate this point:—"A soldier was wounded in the right shoulder with a lance, in consequence of which he got an aneurism of the axillary artery, for which an operation was performed. At the moment the ligature was tightened, he experienced exquisite pain in the situation of the ligature, which extended to the brachial plexus; this continued to the next day, and then ceased. On the fourth and fifth days the pain returned with increased violence, and continued until the seventh day, when it became intolerable. He was bloodied, but without any good effect. He then became comatose. His head was drawn backwards; he had alternations of stupor and excitement, and soon after expired. On dissection, the ligature was found to embrace some of the principal branches of the brachial plexus, and there was an abscess of the posterior lobe of the brain, extending to the optic thalamus."

In the Transactions of the Medico-Chirurgical Society of London, for 1841, there will be found an interesting and highly important paper by Mr. Stanley, demonstrating unequivocally that paraplegia may be induced by severe spinal disease, as a secondary affection, without any necessary alteration of structure in the cord or its membranes; affording this valuable practical result, that paraplegia is not always necessarily dependent upon specific disease of the cord, and disclosing a means of resort to a more rational line of treatment in some of such cases. In two only out of the seven cases narrated by Mr. Stanley, were any morbid changes in the cord perceived, and these changes consisted chiefly in vascular turgescence and slight effusion; but these are sufficient to demonstrate the effect on the cord of a persistent irritation at the peripheral extremities of the nerves which supply the kidneys.

To these cases illustrative of the principle laid down, might be cited others, in which *post-mortem* examinations have revealed the existence of inflammation of the meninges of the brain, as a result of inflammatory affections of the intestinal tube. That uterine affections are equally competent to induce similar consequences, cannot be doubted.

We recognize such effects in the mania, delirium, occasionally convulsions, and other symptoms, dependent on the irritation, to say the least, of the great nervous centres, propagated from the suffering organ. The case which I have given affords another proof of the effect of such long-continued irritation, the induction of inflammation and its consequences in that part of the cord more immediately under sympathetic connection with it. We have to remember the anatomical relations of the uterus with reference to the nerves which supply it, and maintain its relations with other parts of the system. The uterus and its ovaries are mainly supplied by the spermatic plexus descending from the renal in which the lesser splanchnic terminates. This nerve arises from the tenth and eleventh thoracic ganglia of the great sympathetic, which communicate directly with the anterior branches of the tenth and eleventh spinal nerves. It was opposite the tenth dorsal vertebra that the ramollissement of the cord had taken place. The circumstances of the case are of too striking a feature to permit us to consider this as a mere coincidence. The uterine irritation, dependent on the prolapsus, can be viewed in no other light than a cause, and the myelitis as its effect; the irritation at the peripheral extremities of the uterine nerves, inducing, in the first instance, by reflex action, symptoms of spinal irritation alone, which, from continued application of the exciting cause, degenerated into inflammation with its consequences.—*British American Journal of Medical and Physical Science.*

#### INJURY OF THE FOOT, FOLLOWED BY ANOMALOUS CONSTITUTIONAL SYMPTOMS.

By Wm. Williamson, M.D., of White Plains, Alabama.

ON the 14th of June, 1842, I was called to see Mr. A. N——, of this State: he was probably about 30 years of age; of robust constitution, fair complexion, light hair, and by occupation a farmer. He gave me the following history of his case:—Some years previous to 1842, he wounded his foot with an axe, dividing it obliquely nearly the whole length, and injuring some of the bones. The wound healed up, leaving a lameness of the foot, which would become painful if he walked much, or wore a tight boot, and it would sometimes become swollen and inflamed. He informed me that eight or ten days previous to the time I was called in, he had worn a new shoe on his foot two or three days; that it compressed it very much, and afterwards it became quite painful and swollen, and for the relief of which he used a variety of means, as bathing, poultices, &c.; that these applications did not subdue the inflammation, but that it ran on until suppuration took place, and he had it lanced. When I saw him the foot and leg were greatly enlarged; they were of a dark red color, approaching to a purple, very painful, and the whole system was very irritable, with daily exacerbations of fever, loss of appetite, and nausea. There was only one open-



ing into the abscess, which discharged a bloody purulent matter. I ordered such medicines as the constitutional symptoms seemed to require—the abscess to be injected with tinct. myrrh, and the foot and leg to be enveloped in a poultice of elm and dogwood barks.

19th.—I found other places required to be opened. The anterior part of the foot, to within about an inch of the ankle, was one large abscess, involving the bones and running in sinuosities in various directions, so that a probe could be passed in among the bones, which felt rough as though deprived of their periosteum. The foot and leg were still greatly swollen and of very dark color; the discharge from the abscess was thin and sanious, with no healthy suppuration. There were daily paroxysms of fever, followed by profuse perspiration, and occasionally there was delirium. I ordered solution of super-acet. plumb. with spts. camph., to be kept constantly applied over the whole of the inflamed part, and the poultice over this; continued the injections into the ulcer, alternating occasionally with the lead solution. The patient to take cinchona pulv. with elixir vit., and nourishing diet.

21st.—The symptoms are worse, with greater appearance of gangrene. The whole of the cuticle, on the under surface of the foot, as far as the abscess, had extended, separated, with some sloughing, and no improvement in the discharge from the ulcer. Ordered an injection of vegetable caustic (prepared from the ash bark) as strong as the patient could bear, to be thrown into the sinuses twice a-day. Opium was given to relieve pain; and the other directions to be continued.

24th.—Great prostration of strength, profuse sweats, no appetite, with cadaverous appearance of the countenance. The injections produced intense pain for a few minutes, but had effected a very salutary change in the ulcer, for it now discharged a quantity of well-formed pus. An increase of the tonics was ordered, with other directions, as before.

26th.—There was less prostration—some little appetite; the swelling is subsiding; the foot has rather a better appearance, and free discharge of pus continues. Same directions.

From 28th to June 3d.—Same treatment. For some days there have been tumors forming on different parts of the body, but owing to the alarming nature of his other symptoms, very little attention was paid to them. They are situated on the thighs, sides, shoulders, &c., and are about the size of a common walnut, without any discoloration in the skin, and very little pain; but firm to the touch and slightly movable. Two of these tumors I opened with a scalpel, and on the 5th two more were thus treated; they were well encysted and contained healthy pus. They soon healed after their contents were evacuated. On the 7th, I omitted the caustic application to the foot, but found the discharge to become worse, and therefore immediately resumed its use. Other abscesses were opened up to the 23d, after which my patient steadily improved, and was soon after restored to vigorous health.

From this time he continued steadily to improve, until he acquired vigorous health, with the exception of a weakness of the diseased foot.

I cannot but think that the caustic injections, made from the ashes of

the ash-bark, had a very salutary result in the local treatment of this case. The development of external abscesses was no doubt a crisis to the constitutional symptoms.—*Southern Med. and Surg. Journal.*

#### THE LAW WHICH REGULATES THE RELAPSE PERIODS OF AGUE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The first article in the thirteenth No. of Braithwaite's Retrospect of Practical Medicine and Surgery, On the Law which regulates the Relapse Periods of Ague, by Robert J. Graves, Esq., M.D., &c., Dublin, is one of the most important documents that has appeared for a long time. It constitutes one of the principal steps of that change in the prevalent mode of practice, the necessity of which the sagacity of Dr. Forbes so clearly perceived, and so ably and energetically enforced; not that, in the treatment of the disease under consideration, Dr. Graves, as recommended by Dr. Forbes, trusted to the curative powers of nature, but employed the reputed specific with decided benefit. The value of the law is greatly enhanced by leading the penetrating mind of the Dr. to develop the principle of waiting for an indication before repeating the remedy, and to confirm its truth by induction from positive facts and the test of experience—a principle, if universally and strictly adhered to, which will form a new epoch in medical practice.

The effects of most medicines are of considerable duration, and are accumulative; there are very few whose operations are transient. Under the former may be ranked cinchona; therefore, after it has taken effect, the propriety of not repeating the dose before its influence becomes exhausted is obvious; otherwise, its operation may overpower or interfere with the salutary reaction this remedy is so well calculated to produce. The principle of repetition of doses will apply with equal weight in every disease to which the body is subject. Should the Dr. allow himself to be governed in other diseases by the same principle which he has so happily discovered in the treatment of ague, he would find results equally gratifying and beneficial. He would also find persistence in large and repeated doses without regard to their effect, as is too frequently the case in routine practice, is pernicious and often fatal.

To discover the precise time when, and the circumstances under which, it will be proper to repeat doses of medicine, requires strong discriminating powers of mind and much experience. On this point, the Dr. is very explicit, and has adopted a rule with respect to the use of bark in periodical diseases, which is applicable to every other article of the materia medica, and adapted to the cure of every other malady. The rule, taken in the abstract, is, "to give no quinine until a well-marked fit or shadow [symptom] of a fit occurred." This rule, which, in my opinion, is incontrovertible, will prove to be, among the enlightened practitioners of the old school, the first step in the reform Dr. Forbes deems the present state of medical practice imperiously demands.

In the article, which is the subject of this communication, there are

other principles substantially developed, which will, perhaps, as we advance in the investigation, be so firmly established as to give efficiency and certainty in practice which are not, at present, enjoyed. The mathematical precision with which the Dr. arrives at the truth of the rule, or principle, or law, being the result of careful induction, by a well-trained mind, rendering the article doubly interesting and instructive, I am induced to request you to insert it in your widely-circulated Journal.

WILLIAM INGALLS.

“Having noted with much anxiety and accuracy the course of a quartan ague for twenty-seven months, I constructed a table for the purpose of obtaining a connected view of the number and dates of the fits. This table had been made for some time before I discovered that it contained data which authorize us in concluding that the law regulating the periodicity of ague applies not only to the succession of paroxysms, but is extended to the free intervals between them—in other words, that the same law of periodicity which governs the disease while it occasions fits, continues likewise to preside over its latent movements during the intervals when no fit occurs, and thus the true periodic rate is carried on, though as in a clock from which the striking weight has been removed, the usual signal does not mark the termination of each certain definite portion of time. This law, now for the first time brought to light, exhibits a new example of the tenacity with which periodicity clings to a disease, when once firmly impressed on it, and recalls to mind a very similar phenomenon observed with respect to the catamenia, which, having been suppressed for many months, not unfrequently reappear on the very day on which the monthly period would have occurred, had no such suppression taken place.

[Dr. Graves here relates the particulars of an obstinate case of ague in a boy 11 years of age. The disease was at length subdued by large doses of quinine, which, it appears, may not only be given without doing harm, but, as in this case, the disease, though complicated, may be cured solely by the use of large doses of this powerful remedy.]

“With respect to the manner in which quinine was used, the following observations may be made. At first I gave it in the usual manner, until the particular series of fits ceased; and then persisted in its use for ten days or a fortnight; gradually decreasing the quantity taken. This is the method generally recommended by authors, and it is founded on the notion, that it is necessary where the medicine is given in large doses, not to omit its use abruptly, lest the system should feel the loss of this powerful tonic. My experience in this and other cases, leads me to doubt the accuracy of the reasoning powers upon which this treatment is founded, and I am convinced that in following this rule we defeat our own object, by accustoming the constitution to the medicinal effects of the quinine at a time when the ague fit is absent. The quinine is the proper antagonist of the fit, and while the fits require this medicine, it is borne well by the constitution. On the contrary, when the fits are absent, its curative effects appear to be diminished, and the constitution becomes so accustomed to it, that, when the disease again requires it, the medicine no longer exerts its anti-aguish in-



fluence. We have an analogous example in the case of mercury, of which moderate quantities, judiciously exhibited, are sufficient to cure the venereal disease, provided the mercury is given when venereal symptoms are present, and only in the quantity necessary to control these symptoms. If it be given by way of prevention, when these symptoms are not present, or in too great quantity when they are, the system in either case becomes saturated with the mineral, but is not protected from the further ravages of the venereal disease. The second mode of treatment which I adopted was calculated to avoid the inconvenience already pointed out. This method consisted of giving the quinine for four successive days, and intermitting it for the six following days, thus embracing the interval comprehended in three fits. By these means it was hoped to keep the system sufficiently under the curative influence of quinine, while we avoided rendering the constitution too familiar with the medicine; the six-day interval preventing it from becoming saturated by the quinine. This method of treatment seems to have been eminently successful, and under its influence the disease abated in violence, the frequency of the attacks decreased, and the long interval of one hundred and thirty-six days was at last obtained. Finding, however, that, though it had broken the violence of the disease, it had not extinguished it, I tried another on the third plan, which was to give no quinine until a well-marked fit or shadow of a fit occurred, and then at once to use the medicine in large doses, so as to stop the fits as soon as possible. The moment this object was accomplished, the medicine was omitted, and was not again given until the paroxysms recurred, when they were similarly treated. This, on the whole, appears the best method, as it stops the paroxysms speedily, and keeps the medicine in reserve until they appear."

[Dr. Graves gives a long table to show the different days on which the medicine was given, and the doses. From this table it appears that the dose was varied from ten grains in the day to sixty. At the commencement, the doses each day were fifteen or thirty grains in draughts of five grains, but at last they were sixty grains daily, in doses of five grains each.]

#### CASE OF MALIGNANT PUSTULE.

By W. L. Sutton, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

AUGUST 4, 1840, I was called to see William Jalyers, aged 21, who had been complaining for several days of pain and swelling of the right arm, with some sickness of stomach. To-day he has suffered immensely with distress and a sense of sinking at the præcordia—so much so, that the family feared his speedy dissolution. There is over the inner side and lower end of the radius a pustule about the size of a dime, dark-brown, and surrounded by a vesicular margin, altogether very much like a vaccine pustule at maturity. The hand, fore-arm, and part of the arm, are very much swelled, red and painful; pulse moderately full; tongue

...gave  
...s ever.  
...the depth  
...tual cautery,  
...nearly a white  
...the patient com-  
...arm freely rubbed  
...and over that an emollient  
...alomel. After this, friction  
...remedies used.

...there remained a slight tumefac-  
...about four inches in diameter; at  
...peared to contain a small quantity of  
...opened. He was directed to rub it with the  
...which appeared to remove the swelling.

...about having handled any dead cattle, he said  
...wards, however, he said that some time before he

...V.  
...thought, a case of malignant pustule, it was the first I  
...in this section of country. I have since understood  
...cases occurred in the county of Harrison, in this State. They  
...presented as very severe, and I think one or more deaths. I  
...nothing as to the treatment pursued in those cases.

In the case which I saw, there was a type of disease decidedly more  
inflammatory than appears to have characterized those which have been  
reported in Europe. The gastric distress appears to have been as great,  
and very much of the same character. It is yet doubtful whether the  
case above reported, occurred idiopathically, or had a connection with  
the skinning the dead cow. From the time which had elapsed, I am  
disposed to think the former was true—although I do not know of any  
case on record, which could be considered of similar origin.

*Georgetown, Ky., Sept., 1846.*

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 16, 1846.

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*Forest Trees of America.*—If it is ever allowable to make a departure  
from the strict, legitimate purposes of medical journalizing, no better ob-  
ject could draw us aside than the interests of a department of rural life,  
which refines the moral sentiments, while it instructs the mind, viz., *ar-  
borculture*. With a growing taste for the beautiful in nature, as it exists  
in trees, shrubs and vines—especially in this part of the United States,

me  
our  
guide,  
produce

Physician could not have more inquietude, than in seeing choice fruits, which may be their own, and which can do much in this way—in doing something towards developing the land he inhabits, even in the period when it is inviting or repulsive, according to the inhabitants. An estate, drawn only delights the eye, but softens the individual's life, since the cheerful language of the living leaves is understood and appreciated by all.

These reflections occur on reading an admirable volume, which comes from the publishing house of the Harpers. It is titled, *Forest Trees of America*, native and foreign, pictorially delineated and scientifically and popularly described, with reference principally with reference to their geography and history, propagation and culture, accidents and diseases, principles of economy in the arts, introduction into commerce, and their uses in useful and ornamental plantations, illustrated by numerous colored plates by D. J. Browne. No point which would increase the interest of the physician has been neglected by the indefatigable author, for he has introduced what is known of the medicinal properties of each tree. As a work of pleasant reference, in the light of a correct adviser in rural pursuits, or a prompt and acceptable counsellor when a query happens to arise in regard to questions wholly belonging to arboriculture, this is the book of books to consult. Again, it contains a learned digest of all the earlier writers on the same subject, with an infinite variety of practical remarks, intimations and facts, nowhere else to be found in a form so complete for reference. Those who have a particle of love for the ennobling pursuit which is so thoroughly taught in this truly national treatise, must be gratified with it. It almost persuades us to become a farmer, the first, the best, the highest employment of man.

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*Chart of Poisons.*—Thomas R. Crosby, M.D., of Manchester, N. H., with a degree of care that is deserving of honorable mention, has prepared an alphabetical catalogue of all the poisons to which people are most exposed, or which are sought for criminal purposes; embracing, also, such as are occasionally put up by druggists, through mistake, in consequence of their external resemblance to common articles of medicine—also antidotes, tests, &c. This chart, to which reference was made some time since, is now printed, on a royal sheet, and is offered for sale. It is a valuable compilation, and can be clearly understood by persons having no acquaintance with terms in botany, chemistry, or the *materia medica*; and yet all the technicalities belonging to the subject in the modern works of



science are prominently set forth for the accommodation of such as consider the essence of all science to be in words of difficult pronunciation. This chart is not only worthy of a place in every medical office, but it would subserve, in an eminent degree, the great cause of human benevolence, if it were suspended in the commonest rooms of hotels, bathing houses, druggist shops, country stores, workshops and factories, where all who could read might learn what to do, effectually, when any one had been poisoned by any of the numerous weapons of death recognized on this comprehensive map.

Although there may not be anything really new to the physician in this ingenious production, yet its tabular arrangement, by which all that is essential may be comprehended at once by all who can read, renders it exceedingly valuable to the community at large. The facts in regard to the specific action of each poison were drawn by Dr. C. from the best and latest authorities; and so of the antidotes. By bringing it all into plain English—without losing sight of legitimate science—he has placed those who may derive advantages from his industry, under manifest obligations. Were it in our power to address the non-professional community as readily as we can the medical fraternity, the importance of having this chart exhibited in such places as have been designated, and in private families also—since all are alike exposed to the same accidents, from the same causes—would be urged with more and stronger reasons than have yet been used.

*Baltimore College of Dentistry.*—The new edifice now being erected in the city of Baltimore, for the College of Dental Surgery, is calculated to be ornamental in its architectural appearance, as well as convenient in all of its interior properties. The following is the plan of the building, which is to be completed seasonably for the coming lecture term, the first Monday in November.

“It will consist of six rooms, viz.

“1st. The lecture room and museum.

“The museum now contains many beautiful specimens both dental and anatomical, in addition to its already valuable collection; the most of these have been recently imported from France, at considerable cost, and it is designed to arrange the whole in the common lecture room of the College, so that they will be constantly before the eye of the student.

“2d. The anatomical theatre.

“3d. The public hall for delivering introductory and holding commencements.

“4th. The mechanical room. This is large, well lighted and conveniently furnished with work tables, a powerful blowpipe and foot furnace, grinding apparatus, finishing wheels and brushes, snips, pliers, screw plates, plaster and metal for models, files, hammers, &c., comprising in short all that is necessary to a complete laboratory.

“5th. The operating or infirmary room. In the course of practical instruction patients will be introduced from day to day, upon whom the professor will perform operations. The pupils will also be afforded opportunities to operate under his superintendence.

“6th. A dissecting room. Here, as in every medical college, the dental student has the opportunity of dissecting for himself—this duty is earnestly

urged on every one, as the only trust-worthy foundation on which to rear the superstructure of the dental art. For this purpose, the dissecting room is ample and well ventilated, and abundantly supplied with subjects."

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*Dismissed Medical Officers.*—Since the third of March, 1789, only four surgeons and fifteen surgeons' mates have been dismissed from the Government service in the United States. The names of each are recorded in the archives of the Secretary of State at Washington, and the date of their permission to retire, but in the published catalogue with which we have been furnished, the causes of their dismissal are not specified. On the whole, taking into view the length of time, 57 years, it shows that the medical reputation of this country will compare favorably with any other recognized profession in civilized life, not excepting even the clerical, since but nineteen, out of the multitude that have held commissions during that period, are shown to have been unfitted by moral delinquencies to remain in honorable employment.

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*Alumni of the Medical School of Pennsylvania University.*—A report of the Medical Department of the University, for the year 1846, by the Faculty of the Medical School, makes a good official appearance, and shows that the new world is not likely ever to be without physicians, while the present six and twenty medical colleges are in operation. This old and eminent School has graduated *one hundred and seventy-one* students with the degree of M.D., since the 2d of April. The prospects are very excellent for the coming lecture term.

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*Transactions of the Philadelphia College of Physicians.*—A volume, or summary, from April to August, is published—an exchange copy of which has been received. Much that is of practical value to the profession, is to be found in these praiseworthy Transactions, which are recommended to the study of all who can procure the publication.

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*Health of the Army on the Rio Grande.*—We learn from our friends who have just returned, and by letters from the army, that the volunteers are suffering greatly from diarrhœa and dysentery, arising from bad water, bad weather, and diet to which they are unaccustomed. The chief sufferers are the regiments from Tennessee, Indiana, and other States in that region. This is not to be wondered at, as the change of climate and mode of living are so marked. It will be very fortunate if the campaign does not prove *disastrous* from sickness. No serious mischief seems to be apprehended from *Mexican bullets or bayonets*. The volunteer regiments now on the southern banks of the Rio Grande, from the States of Ohio, Illinois, Indiana, Tennessee, Mississippi and Alabama, are composed, in a great measure, of *the flower of our youth*, who have been suddenly ushered into a *climate and service* to which they are altogether unaccustomed. The wisdom of calling *such* a body of men into *such* a service at this season of the year, except under the most *pressing emergency*, may be questioned; and the "*powers that be*" will be fortunate, if they escape a *reprobation* from those States, akin to that which caused the dis-

appointed and afflicted Augustus to exclaim, in the bitterness of grief, "*O Varus, restore me my legions!*"

Let us not indulge evil forebodings, however, but *hope for the best*. It cannot be denied that the troops best calculated to stand this service at this season of the year, i. e. the Louisiana volunteers, and provided, moreover, with a *medical staff* best acquainted with the diseases in the extreme South, have been disbanded; whilst those who have taken the field, have much more to apprehend from *exposures incident to the service*, than from the *sword of the enemy*.—*N. Orleans Med. and Surg. Journal*.

*Ibrahim Pacha and his Doctor's Bill*.—It is generally known that Ibrahim Pacha spent a few months in the south of France for the benefit of his health, and that an eminent medical man, Dr. Lallemand, left his practice for a considerable time to attend on the son of Mehemet Ali. Nothing was arranged as to the fees or the salary of the M.D., until two or three days before Ibrahim Pacha was to leave Paris, and then he sent 50,000 francs (2000*l.*) to Dr. Lallemand. This sum was not considered satisfactory by Dr. Lallemand, who had been building castles with the munificent sum he expected from the Pacha, and he therefore respectfully submitted that he considered his fees should be estimated at 200,000 francs (8000*l.*) It was a source of great vexation to Ibrahim to have undervalued the services of Dr. Lallemand, yet he did not make up the donation named, but sent 4,000*l.* more to the learned physician, who then declared himself satisfied with the total received, *videlicet*, 6000*l.*—*London Exam.*

*Medical Miscellany*.—Dr. Sylvanus Everts, of Union Mills, Iowa, received the honorary degree of M.D., at the late commencement of the Indiana Medical College; and seventeen students of the institution were graduated, in course. The school is prosperous.—The New York Journal of Homœopathy has reached the 10th No., and may, therefore, be considered to have good encouragement.—Four thousand two hundred and sixty-five students attended lectures at the twenty-six medical colleges in the United States in 1845 and 6.—Dolly, a negress, lately died on the estate of Richard Wilder, Camden Co., S. C., at the age of 120 years. Four years ago her husband died at the age of 119.—The first stone of the Provincial Lunatic Asylum, was laid at Toronto, with public ceremonies, on the 22d of August.—Prof. Heine, of Worzburg, the most celebrated orthopædist in Germany, died on the 31st of July.—Smallpox is mowing its way through the city of Toronto, at a fearful rate.—Dr. Beigler, the homœopathist, who was sent to the State Prison some years ago, for firing his own premises, is recommended for pardon.

TO CORRESPONDENTS.—Dr. Leonard's "Results of candid Inquiries," &c., Dr. Comstock on the "Animal Origin of Disease," and the paper of "L. E." are received.

MARRIED,—In New York, Dr. Philip De Young, of Philadelphia, to Miss H. E. Souza.

*Report of Deaths in Boston*—for the week ending Sept. 12th, 89.—Males, 44, females, 45. Of consumption, 9—disease of the bowels, 22—cholera infantum, 4—dysentery, 2—diarrhœa, 1—typhus fever, 9—nervous fever, 1—lung fever, 1—scarlet fever, 2—rheumatism, 1—cancer, 2—apoplexy, 4—hooping cough, 2—infantile, 6—old age, 2—croup, 1—drowned, 3—convulsions, 1—accidental, 1—dropsy on the brain, 1—sudden, 1—inflammation of the brain, 2—disease of the heart, 3—measles, 1—intemperance, 1—erysipelas, 1—scrofula, 1—suicide, 1—teething, 1. Under 5 years, 40—between 5 and 20 years, 10—between 20 and 40 years, 20—between 40 and 60 years, 11—over 60 years, 3.



*A Royal Dose of Seidlitz Powders.*—On the first consignment of Seidlitz powders to the capital of Delhi, the monarch was deeply interested in the accounts of the refreshing beverage. A box was brought to the King in full court, and the interpreter explained to his Majesty how it was to be used. Into a goblet he put the contents of the twelve blue papers; and, having added the water, the King drank it off. This was the alkali, and the royal countenance exhibited no signs of satisfaction. It was then explained that in the combination of the two powders lay the luxury; and the twelve white powders were quickly dissolved in water, and as eagerly swallowed by his Majesty. With a shriek that will be remembered while Delhi is numbered with the kingdoms, the monarch rose, staggered, exploded, and in his agonies screamed "Hold me down?" Then, rushing from the throne, fell prostrate on the floor. There he lay during the long-continued effervescence of the compound, spurting like ten thousand pennyworths of imperial pop, and believing himself in the agonies of death, a melancholy and humiliating proof that kings are mortal.

*Rare Relish for Medicine.*—A missionary, whose labors were bestowed on the natives of Taung, in Southern Africa, states the following amusing fact, in speaking of the characteristics of the people where he was stationed.

"They are passionately fond of medicine, and of being bled, believing that all diseases lie in the blood. I have known individuals, after I had bound up the arm, open the orifice and let the blood flow until they fainted. No matter how nauseous a draught may be, they will lick their lips even after a dose of assafetida. On one occasion I requested a man at a distance to send some one for medicine. He sent his wife; and having prepared a bitter dose, I gave it into her hand, directing her to give it in two portions, one at sunset, the other at midnight. She made a long face, and begged hard that he might take it all at once, lest they should fall asleep; I consented, when down went the portion into *her* stomach. I exclaimed, "it is not for you." Licking her lips she asked, with perfect composure of countenance, if her drinking it would not cure her husband."

UNIVERSITY OF PENNSYLVANIA, MEDICAL DEPARTMENT.—Session 1846-47. THE Medical Lectures will commence on Monday, November the 2d, and be continued under the following arrangement, to the middle of March ensuing.

|                                                    |                            |
|----------------------------------------------------|----------------------------|
| Theory and Practice of Medicine,                   | by NATHANIEL CHAPMAN, M.D. |
| Chemistry,                                         | ROBERT HARE, M.D.          |
| Surgery,                                           | WILLIAM GIBSON, M.D.       |
| Anatomy,                                           | WILLIAM E. HORNER, M.D.    |
| Institutes of Medicine,                            | SAMUEL JACKSON, M.D.       |
| Materia Medica and Pharmacy,                       | GEORGE B. WOOD, M.D.       |
| Obstetrics and the Diseases of Women and Children, | HUGH L. HODGE, M.D.        |

Clinical Instruction at the Pennsylvania Hospital.

The rooms for Practical Anatomy will be open from October 1st to the end of March ensuing. John Neill, M.D., Demonstrator.

Extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery, and Obstetrics exist, and are in a course of annual improvement.

The Professor of Materia Medica, besides his cabinet, has a Conservatory, from which are exhibited, in the fresh and growing state, the native and exotic Medicinal Plants.

Amount of Fees for Lectures in the University, \$120. Matriculating Fee (paid once only), \$5. Hospital Fee, \$10. Practical Anatomy, \$10. Graduating Fee, \$40.

263 Chestnut Street, Philadelphia.

September 1st, 1846.

Sept. 9—tNov.15

W. E. HORNER, M.D.,

Dean of the Medical Faculty

#### AUSCULTATION IN DISEASES OF THE HEART.

A TABULAR VIEW of the Signs furnished by Auscultation and Percussion, and of their Application to the Diagnosis of Diseases of the Heart and Great Vessels. By O'Bryen Bellingham, M.D. Member of the Royal College of Surgeons in Ireland, &c. First American from the Second English Edition, with Notes by Usher Parsons, M.D. Providence, R. I. This Chart, like that on Diseases of the Lungs, is printed on a royal sheet, and exhibits at one view the impulse, and sounds furnished by percussion and auscultation in the various diseases of the heart, with the mechanism of their production, &c. Published at the Medical Journal Office. Price 25 cents. Copies can be sent by mail, and orders for them, post-paid, with the money enclosed, will be promptly attended to. Sept. 9.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXV. WEDNESDAY, SEPTEMBER 23, 1846.

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No. 7.

## CASES OF FOREIGN BODIES IN THE AIR-PASSAGES.

By Paul F. Eve, M.D., Prof. of Surgery in the Medical College of Georgia.

THE following cases will illustrate the different plans of treatment which may be successfully resorted to, in obviating the unpleasant and distressing effects produced by foreign substances getting into the larynx, trachea or bronchiæ.

CASE I. *A water-melon seed in the bronchiæ—vomited months afterwards.*—In August, 1840, I received a pressing message to see a son of Col. C., of South Carolina, who had accidentally swallowed a seed, as it is commonly said, the wrong way, i. e., into the wind-pipe, while eating a slice of water-melon. Before arriving at the house, a distance of twenty-five miles, the symptoms of suffocation had subsided, and the patient, a boy of four or five years old, was breathing apparently quite naturally. As there was no distress or indication for immediate interference in this case, after examination and consultation with three intelligent physicians of the neighborhood, it was agreed to adopt the following course of treatment—we could not define the actual location of the foreign body, but concluded it had passed through the larynx and trachea, and had been arrested in the bronchiæ—no active plan was to be pursued, unless the symptoms of suffocation should recur, when an emetic was to be administered, and if no relief was afforded by it, a second consultation was to be holden. I heard nothing further of the case until some months after this, and then learnt that during a paroxysm of coughing, the water-melon seed had been vomited.

The course here adopted was undoubtedly correct, not simply because it was successful in the end to the removal of the cause threatening life, but justified upon sound principles in surgery. The foreign body in this instance was *innocuous*, at least possessed no active agency in exciting inflammation. It simply was an *error loci*, and in this consisted the whole danger. Now a sufficient number of cases have proven that when the substance has passed through the air-passages down to the bronchiæ, is not acrid or poisonous in its nature, when it does not produce immediate and distressing symptoms, it may be left to the spontaneous efforts of nature for its removal. And when we do operate, it is not because a foreign body exists in the respiratory organs, but we are alone justified on account of the urgency of the symptoms. This we hold to be the true practice in these accidents, and it is now sanctioned by experience,

CASE II. *A half-dime in the larynx—removed by inversion of the body and coughing.*—Mr. L., a well-known painter, of this city, came in great distress (nearly three years ago) into my office, to consult me about a five cent piece which had gotten into his windpipe. While amusing his children *à la Brunel* (or rather the celebrated engineer after him, for my patient claims priority of date), by tossing up a half-dime into the air, and catching it in his mouth, it suddenly, and to his surprise, dropped into the larynx. At each respiration the foreign body could be heard impeding that function, and its situation marked distinctly in the upper part of the thyroid cartilage, about the laryngeal pouches. I advised Mr. L., before adopting other treatment, to place himself upon a bed, crawl out upon his hands, making his head the most pendent part, and then to have cough excited by a blow on the back between his shoulders. To his great gratification, at the first effort, the piece of money was dislodged from its unnatural position, and at once transferred, if not to as secure, at least to a more agreeable receptacle.

CASE III. *A water-melon seed in the larynx—Laryngotomy successfully performed for its removal.*—The 21st August, 1845, Annette, belonging to Maj. G., was brought by her mother to my house, having a water-melon seed in the larynx, which she had attempted to swallow a few moments before. She was two years old, and, like children of her age, was very fat. A paroxysm of suffocation had just subsided when she was brought in, and as the symptoms were not very urgent, and the physician of the family to whom the child belonged was not present, I left an emetic with the mother, with directions that while vomiting she should place the head of the patient in a pendent position. A paroxysm had occurred, and the emetic affording no relief, I again saw the child at 8, P. M., of the same day. She was now asleep, and on consultation, it was thought best to wait and take advantage of day-light for the operation.

At 7, A. M., 22d, the child had passed a restless night, and the respiration being now laborious, with an irregular rhonchus, the operation of laryngotomy was decided upon. Some embarrassment was experienced in performing it, owing to the obesity of the little patient, her distress, the shortness of the neck, and a considerable venous hemorrhage. This latter, however, instantly ceased as soon as free respiration was established through the opening made in the crico-thyroid membrane, and during a violent expiration, assisted by a probe in the larynx, the water-melon seed was expelled through the mouth.

The wound was dressed by adhesive plasters, but during the treatment I had reason to regret not having used sutures. At 4, P. M., the patient had some fever, and for which she took salts and nitre. Understanding, too, she had probably worms, a saline injection was ordered at 6, P. M.

23d.—Is sitting up. The plasters having become loose, fresh ones were applied. Only a small quantity of air was observed to pass out of the artificial opening, and that only during forced expiration. The medicines have operated, and the fever is lessened. Diet to be moderate.



24th.—The breathing is somewhat impeded, and her voice is hoarse. The weather still continues damp.

25th.—Found no union in the wound of the skin, while a small opening still exists in the larynx. A suture was now applied in the centre of the incision, through the skin. The patient has symptoms of worms, but is at times quite cheerful.

Sept. 2d.—There has been but one fair day since the operation. The wound has been dressed every day, and there has been no union by the first intention. It is now healing slowly by granulation.

6th.—Have had to administer calomel, oil, turpentine, and then decoction of pink-root, for worms. Several were evacuated, and on the 8th I discharged my patient, entirely well.

I have frequently seen Annette since, and remarked the depressed cicatrix over the larynx. The union was effected by granulation alone, and only after the weather proved favorable.

It will thus be seen that in the treatment of these three cases a very different course was pursued, regulated by the effects produced by the foreign body in the air-passages. One was left to the spontaneous efforts of nature; the second was assisted by a very simple device, suggested years ago, and not, as the recent English Journals would have us believe, first brought into successful practice in the case of Mr. Brunel; and in the third case an opening was made into the wind-pipe. There is yet a fourth plan, which under favorable circumstances has succeeded in a few cases, and that is, after tracheotomy has been performed, to attempt to remove with forceps the foreign body lodged in the bronchiæ. Should free and active emesis, inversion of the body, and striking between the shoulders while in this position, fail, and the substance introduced be of a poisonous nature, then this hazardous operation may be resorted to, but with no great prospect of success.—*Southern Med. Journal*.

#### DR. FENNER'S LETTER FROM BOSTON.

[DR. E. D. FENNER, one of the editors of the New Orleans Medical and Surgical Journal, gratified some of the members of the profession in Boston by a visit in May last. The following letter, dated Boston, May 15, is from the September No. of that Journal. He also gives interesting sketches of matters and things which fell under his observation in other cities which he visited.]

I arrived at this place from New York, *via* Albany, on the morning of the 13th, and having ridden all night in the cars, felt a good deal fatigued. One or two hours' sleep, however, restored my energies; and I sallied forth, introductory in hand, in search of doctors.

I first called on our brother editor, Dr. Smith, of the Boston Medical and Surgical Journal. He gave me a hearty welcome; and notwithstanding the multiplicity of his engagements as editor, port-physician, and general practitioner, found time to lay me under everlasting obligation by his kind civilities. I had the pleasure of making the acquaint-

ance of the two Drs. Bigelow, Dr. John C. Warren, Drs. Jackson, Parkman, Townsend, and some others, who were all very courteous; but my stay in Boston has been too limited to allow me to see much of them. The elder Dr. Bigelow, you are aware, is the Professor of *Materia Medica*, in the Medical College at this place. He, and his son, Dr. Henry J. Bigelow, with one or two associates, have a private class of twelve or fifteen students, with whom they follow an excellent plan of instruction, consisting of a course of reading, lectures, and examinations. Dr. J. B. S. Jackson is one of the visiting physicians to the Massachusetts General Hospital. He has devoted much attention to the study of pathological anatomy, and showed me his private cabinet, containing a large collection of beautiful specimens.

Dr. John C. Warren, who is generally known as one of the brightest ornaments of American surgery, is a very dignified and venerable old gentleman, remarkable for his firmness and composure. He has long been the most eminent surgeon of New England; and although now getting in "the sear and yellow leaf," he still cultivates his favorite branch with commendable zeal. He is a visiting surgeon of the above-mentioned hospital, and is punctual in his attendance every Tuesday and Friday. I was not introduced to his son, Dr. J. Mason Warren, who is likewise somewhat distinguished as a surgeon, and has performed some very creditable operations.

*The Massachusetts General Hospital* is the only medical institution in Boston, that my brief stay would allow me to visit. This is a most perfect and beautiful hospital, whose only fault consists in its being *unnecessarily fine* in its equipment. There is a centre building with two wings, of granite—an admirable piece of architecture, and combining every imaginable comfort and convenience. It is warmed in winter by a large furnace under the basement, which sends heated air through every apartment, by means of conduits ingeniously contrived. Water for all purposes is also conducted through the establishment in a similar manner. The beds, especially in one of the new wings just completed, appear to be fully as neat and comfortable as those of the Tremont or Astor Hotels. In short, every thing about this establishment is in more magnificent style than I ever expected to see about an hospital. It is by no means exclusively a charity hospital; but is designed also as a resort for all such as are either absent from their homes, or who cannot be well attended to at home. The house is divided into *free* and *pay* wards, and is capable of containing about 150 beds. To show the extent of its endowments, we learn from the last annual report of the Board of Trustees, that "the present amount of the property of the institution is \$238,369 91, exclusive of the grounds and buildings." We suppose that this large sum has been accumulated from individual contributions. One individual recently bequeathed to the institution, *forty thousand dollars*.

There were admitted into this hospital, during the year 1845, 453 patients—of which 188 paid board, and 265 were entirely free.

There were discharged, 400; of which 20 are marked, "*not treated*,"

2 "eloped," 37 "not relieved," and 6 "unfit." The whole number of deaths was 54.

The price of board varies from \$3 to \$10 a week ; and the amount received from paying patients during the year, was \$3,710 79 ; considerably more than one-third of the whole amount of board charged to all the patients during the year. The average number of patients was 56 ; of which the average number *paying*, was 22 ; and *free*, 34.

The receipts for the year somewhat exceeded the expenditures. There are six physicians and six surgeons ; two of each are in regular attendance for a term of four months. They receive no compensation for their services.

Thus, you perceive that this institution, the only one of the kind about Boston, although richly endowed and elegantly managed, presents but a limited field for medical observation, in comparison with our large Charity Hospital, which receives annually about 6000 patients, exclusive of lunatics.

I accompanied Dr. J. C. Warren on one of his regular visits to the Hospital, and saw some interesting cases ; among which was one of lupus ; one of prolapsus ani, in which Dr. W. had applied the ligature ; one of dislocated shoulder ; two of ununited fracture of the arm ; and one of necrosis of the tibia, following a compound comminuted fracture.

Dr. Warren displayed considerable skill in reducing the dislocation. The pullies and copious depletion were resorted to, and the old gentleman being unwilling to make much exertion on account of some injury to his chest, received not long since, stood calmly by, whilst a medical friend attempted the reduction. This gentleman thought he had accomplished it, and was leaving the patient, when Dr. Warren stepped up, took hold of the arm, and by a skilful manœuvre replaced the head of the humerus into its socket, in a very striking manner.

In one of the cases of ununited fracture Dr. Warren had inserted the seton, some time previous, and the union was now becoming firm. He contemplates inserting the seton in the other, at his next visit. He removed with his fingers a thin shell of bone in the case of necrosis.

*The McLean Asylum for the Insane*, situated in the suburbs of the city, some distance from this, is a branch of this institution. It is said to be one of the best asylums in the country, and I regret that I was not able to visit it. It is under the superintendence of Dr. Luther V. Bell, and contains an average number of 150 patients. I regret, also, not having been able to visit the Naval Hospital, and the Asylums for the Blind, and the Deaf and Dumb. My time here was chiefly occupied in visiting the public buildings, the libraries, the museums, Harvard University, Mount Auburn Cemetery, and Bunker Hill Monument. I would gladly have spent a longer time in this interesting and hospitable city, but wishing to be back at New York on Saturday, to hear Professor Mott's weekly clinique, I had to hasten my departure. I was pleased to discover that the medical profession occupies an elevated position in the city, which has been termed the "Athens of America." The leading physicians are wealthy and influential members of society, and from the



days of the Revolution, when one of the noblest martyrs of freedom went from its ranks, the profession has continued to hold a high and honorable stand among the avocations of men. Do not suppose, however, that the hydra *quackery* is deterred from showing its hideous front, in this refined and enlightened city; on the contrary, it boldly proclaims its arrogant pretensions, and lures many a hapless victim to ruin and death. If I am not mistaken, Boston was the cradle of Thomsonism; and I am informed that in New England, homœopathy, hydrophobia, and every species of empiricism, still find numerous supporters. What a commentary does this form upon the intelligence and liberality of this enlightened community! Thousands upon thousands, the accumulation of long lives of toil and self-denial, have been bequeathed by individuals, for the purpose of endowing benevolent institutions, and they are truly the pride and glory of this christian land; wherever these are to be found, and of whatsoever character, they require the superintending care and arduous labors of the scientific physician, and receive them for the most part, gratuitously; yet the community, not here alone, but throughout the Union, unmindful of the large amount of gratuitous service, rendered by physicians to the indigent and afflicted, and also unmindful of the *wear and tear* of both body and mind, inseparable from the study and practice of the profession, seem to be led astray by every flaming newspaper advertisement, and bestow their money freely upon charlatans, and the most ignorant pretenders, whilst many a worthy and respectable physician is lingering in poverty and neglect. But this is a subject that would give rise to more reflections than would be fitting for this occasion, and I therefore defer it for some future lucubration. I will here close my observations on the medical affairs of Boston, and have only to regret that they are so crude and imperfect.

#### ON PLAGUE AND THE ANIMAL ORIGIN OF DISEASES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In some of your former volumes I have endeavored to maintain the *animal origin of diseases*, but have been met by high authority denying my position and referring the source to vegetable decomposition. Still, when I have considered that microscopic discoveries have demonstrated that even a single drop of pure water is alive with minute animals, and that without water there is no putrefaction, I cannot but feel increased confidence in my former opinion. Indeed, that there is any such thing as putrescency, without some traces of animal substance, we are induced to think it utterly impossible to prove. And so far as we can undeniably fix the source of disease, as in smallpox, measles, varicella, vaccina, psora, gonorrhœa, erythema-anatomicum, hydrophobia, and syphilis, there is no kind of dispute, nor room for it, with respect to their animal origin. If Dr. Rush was correct in referring the cause of yellow fever, in 1793, to damaged coffee, we would

refer the damage to the microscopic animalculæ with which the moisture abounded ; to their death, decay, and decomposition. Besides, the coffee itself might have been as probably inhabited by microscopic animalculæ as vinegar ; the eels in which, old President Adams said *he believed were quarrelsome*.

I was led to this subject at the present time by observing, in my Common Place Book, the extracts and remarks that follow :—

Ethiopia and Egypt have been stigmatized in every age as the original source and seminary of the plague. Gregory of Tours styled it *Lues Inguinaria*. In a damp, hot, stagnating air, this African fever is generated from the putrefaction of animal substances, and especially from the swarms of locusts, not less destructive to mankind in their deaths than in their lives. The fatal disease that depopulated the earth in the time of Justinian and his successors, first appeared in the neighborhood of Pelusium, between the Serbonian bog and the eastern channel of the Nile. From thence, tracing as it were a double path, it spread to the East in Syria, Persia, and the Indies, and penetrated to the West, along the African coast, and crossing the Mediterranean spread over the Continent of Europe. It visited Constantinople, and Procopius viewed its symptoms and progress with the eyes of a physician. A distempered fancy seemed to usher in a semblance of the disease, and the subject was immediately in a state of hopeless despair. But in most, a slight fever, so slight as not much to affect the pulse, or redden the skin, ushered in the malady. And the same day, or a day or two after, the terrible sign of swelled glands, especially those of the groin, armpits, or under the ear, denoted a serious, if not fatal, event. If a proper suppuration ensued, the patient might be saved. But if they continued hard and dry, a mortification was quickly apparent, and the fifth day the person died, if not sooner. The female sex were less liable than the male, but youth was most susceptible of all. The disease baffled prognostics both as to recovery or death. No class of persons seemed exempt, and the plague even touched the person of Justinian himself. Some who recovered were deprived of speech, and this without exemption from a subsequent attack. Funeral processions were confounded and mixed with each other, and even the right to graves could not be kept distinct. Contagion was considered as an inseparable attendant on the plague, and the terror was so great that those who were left without friends, or servants, lay unburied in the streets, or in their own desolate houses. When this duty fell on the magistrates, the bodies were collected into promiscuous heaps, and conveyed by land or water to deep pits, and promiscuously thrown in. The vehemence of the epidemic baffled all remedies, and the same treatment had on different persons effects directly contrary. The opinion that the disease was contagious was not universal ; and the common people, who are usually most prone to imaginary terrors, imbibed the notion that the infection could not be communicated by the closest conversation. And this opinion, so far as it went, had one good effect, by preventing the abandonment of those who were ill and needed assistance.

Like the yellow fever in New York and Philadelphia, the plague was noticed always to spread from the sea or river; the first cases being uniformly developed near, or not far from, the water. And both have the character of being sometimes conveyed, with increased virulence, in infected clothing, bales of cotton, or of cloth. This opinion obtained in the sixth century at Constantinople, and limitedly, as respects yellow fever, with us. At Constantinople alone, for three months, 5000 persons died every day, and afterwards the number was doubled, and 10,000 died daily. But several cities of the East were left vacant; and even in Italy, the harvest and vintage were left to perish on the ground. As it travelled from the sea, the most sequestered mountains were visited, nor was it, as is commonly the case, checked by the frosts of autumn, or the cold of winter. Where it passed an inland region, or a lonely island, in one year, it was sure to be attacked in the next, or succeeding ones. Alternately its malignity and vehemence subsided, and then resumed or redoubled its destructive force. And it is said that this pestilence, which began in the 15th year of Justinian, for fifty-two years succeeding prevailed, or did not so entirely subside, as that the atmosphere regained its pristine and previous salubrity. The myriads who died cannot be reduced to any reliable number. The expression of Procopius, both as relates to arithmetic and grammar, is obscure. A literal translation would denote millions of millions; but a more probable rendering would reduce the amount to 100,000,000, a number so immense as to seem astonishing; and yet, considering the length of time it prevailed, and the vast extent of its circuit, not wholly inadmissible. Theophilus affirms that the infection could only once be taken; but Evagarius, who had family experience of the plague, observes that some persons who had escaped the first, sunk under the second attack. *Sacer-ignis* (holy fire) is not mentioned in this pestilence, but it has since appeared in Europe with this phenomenon, which we now understand by the name of erysipelas.

In the second century the plague prevailed in Rome with much mortality. It was supposed to have been introduced by Lucius Verus, on his return from Parthia. In this plague the head affection was prominent, so that those who recovered neither knew their friends about them, nor even knew themselves. According to Eusebius the head affection was noticed in the plague in Syria, A. D. 302, so that some that survived totally lost their sight. In this the *sacer-ignis* was mixed with carbuncles. The eruption varied exceedingly in size, from a millet seed to that of a pea, and up to a nutmeg—sometimes accompanied with exquisite shooting pain, and discharging an ichorous matter of a straw-color. The plague, as Thucydides observes, swallowed up all other diseases, or, in other words, if other diseases began differently they ended in plague. It sometimes killed before any eruption, bubo or swelling appeared.

However discrepant the opinions of different physicians respecting the contagiousness of plague, all historians seem to agree on this point; and when we read of it at Moscow, in north latitude  $53^{\circ} 36'$ , we cannot reconcile



its appearance there from tropical heat or dead locusts, and are constrained to refer it to the animal origin of contagion. For that contagion is an animal source of disease, no one denies who does not repudiate its existence. And to this effect we read that it was introduced there by the Turkish army, or from communication with it; that it became fearfully destructive as summer advanced, but wore away with the frost. Seventy thousand died in a few months; 22,000 in one month, and sometimes 12,000 died in 24 hours. Its appearance in Moscow was in 1771. In that city its general symptoms were very much the same as elsewhere, but the tendency to putrefaction was so great, that it was necessary to bury the body within a few hours after death. And it is a singular fact that putrefaction in the human body, in the cool season of the year, or in a cold climate, advances most rapidly. Touching the sick or dead, or inhaling the breath of those in the disease, were thought by some physicians the only source of contagion. Hence one or more physicians refrained from feeling the pulse entirely, and escaped, although they attended the sick in their apartments.

Plague, like yellow fever, was prone to invade new comers from healthy and uncontaminated districts. A strange, mysterious, and perhaps utterly unaccountable enigma—that those most robust, most healthy, most free from bad air, and all predisposing causes, should be most obnoxious to violent and deadly attacks. Thus an army, marching and encamping in the *malaria* district, has had the terrible pestilence thinning its ranks, when it had entirely worn itself out among the survivors of the infected region, and was unknown except among the recent healthy visitors. Procopius would infer a special Providence as protecting the survivors of the desolation; so blasting to all preconception and human reason were these stubborn facts. We can only infer that the pestiferous animal miasm afforded an immunity, and operated on the systems of the survivors, of the late dying districts, like vaccination, in securing them from plague, as that secures now from smallpox; and that new comers, being without this security, were full of susceptibility. Still an enigma is here enveloped in a dense cloud of mystery, and happy should we hail the genius who can fully unfold it. The Wise Man tells us that “the simple believeth every word.” (Prov. 14, 15.) We are constrained to believe many things for which we find it utterly impossible to account. What was mysterious to Procopius in the sixth century, remains so still to us in the nineteenth.

JOSEPH COMSTOCK, M.D.

*Lebanon, Ct., Sept. 1, 1846.*

In turning to another page, I find the following addendum.

“It is suggested that plague may be communicated by a person who has not had, and has not got, the disease, but from the same miasm obtained by associating with the infected, or residing in an infected district, as is conveyed in clothing, or bales of goods. Still the laws of transmission are sometimes as obscure as is the nature of contagion itself. Hail, rain, snow, cold, heat, breezes and hurricanes, run in veins, and fall, fructify or destroy locally. And the same laws may be fixed upon

the extrusion and propulsion of pestilential miasm. Rats, mice, cats, dogs, flies, and even reptiles, may, as in smallpox, be sometimes suspected; as well as the smoke from chimnies where infected articles are swept into the fire. As mountain tops, of a certain height, and cold in certain localities, never have any miasm, putrefaction, nor gases; so heat, in countries of but little moisture, does not evolve sufficient miasm to produce plague. And some even have recovered, when already affected, by removing into such locations.

"How long the contagion, or seeds of plague, may be retained, ere the disease invades, is not exactly ascertained. The 4th or 5th day has most authority. But it may lurk in an unfavorable habit, without showing any effect; when in a more susceptible one, the same, or even a less degree of exposure, it may be quickly and fatally developed."

The plague of Athens was imputed to Pericles, who admitted a great number of "out dwellers" into the city, who were penned up like cattle in small huts, in the heat of summer, without any employment, poisoning each other by their animal effluvium. We find in the most veritable authors of antiquity some things to stagger our credibility. Thus Plutarch tells of its raining blood at Rome, when the plague prevailed there in the time of Romulus. The only active principle in plague, is a universally morbid, diseased, and deathly one. It is the most ancient of diseases, and is mentioned by the most ancient writers, Jewish and Grecian. In modern times it has been repeatedly communicated by inoculation, but with so little success that its advocates are few or none. Still the fact proves a specific animal virus, and the inquiry arises in the mind, whether the precise morbid seminal matter, or miasm, which causes plague, has been transmitted from one human body to another, from the time of Moses (who mentions the Egyptian plague), or has been repeatedly generated anew?

When animal putrefaction produces ammonia, it is innocuous—and this may serve to account for the discrepancies of opinion respecting it.

#### THE RESULTS OF CANDID INQUIRIES RELATIVE TO HOMŒOPATHY AS A SYSTEM OF PHYSIC.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Under the caption "Chronic case treated Homœopathically." Dr. Holt comes out against me (and another who is competent and doubtless will vindicate himself if he deems the occasion worthy of notice), in a most uncouth, *not* to say ungentlemanly manner. I would not reply to so unworthy an article, were it not my duty to show the *falsity* of some of his statements. I appeal to your readers, and ask them to judge; and if they will take the trouble to go back where the discussion commenced, and read our articles in the order they were written, they will be struck with the absurdity of his reasoning (if such verbiage can be called reasoning); they will see he has gone round almost every question involved in the controversy; filling his pages with mere

*assumptions*, without doing himself honor, or promoting the system he is so anxious to sustain. True he tells of some wonderful things that *he* has done, and makes a ridiculous appearance as his own trumpeter; *these* in our opinion are his most prominent attributes. As the profession are wide awake to the subject, I might well leave it to more able pens, for my *principal* object has been gained, which from the beginning has been to draw the opinions of others; so that the doctrine, if sound, might speedily be proved; or, if worthless, that the profession might act with united energy in putting it down. Excellent articles on homœopathy from high sources are now frequently placed before your readers. If I have been instrumental in calling them out, I have done good, I have accomplished all I intended. Your Journal is read by many intelligent persons out of the profession, and such with *us* will be profited by reading. Notwithstanding what Dr. H. may *happen* to know, all classes are becoming convinced that homœopathy, like animal magnetism, is a humbug; though both may boast a learned professor, and attempt to dress their leaders with the stolen dignities and honors of the illustrious dead—they will soon vanish away.

Dr. H. finds fault with me because I made some extracts from a report. Now what is the difference in quoting, whether we take it from Forbes or Hoyt, provided we extract good matter, such as suits our purposes, and do not detract from any one? I found no fault with Dr. H. for “extracting,” and conclude that he could have had no other thing in view but to dodge the real subject, and swell his paper by his allusions to this matter, for your readers remember that these extracts completely destroyed many of Dr. H.’s previous assertions. The manner in which Dr. H. speaks of Dr. Hoyt’s report is too disgusting to have place here. Would he have dared thus to express himself if he had left the least regard for anything but homœopathy?

Dr. H. says that I beg for quarters. *This*, like many of his sayings, is *false*, entirely untrue, as I have at *no* time manifested such a feeling—but mark what he says in the next line, that *he* “is the one to give in,” and is “willing to drop the subject”! What base equivocation, what incongruity of expression is resorted to, to support error! Is it not a cowardly way of backing out? As he grows older, I hope he will grow better, and learn one thing, that is, “*None but the language of truth will dove-tail.*”

Dr. H. may boast of his success in this discussion, but let us see what he has *admitted*, and, also, what he has *failed to prove*. 1st, He admits that they have no *certain* means of ascertaining the pathogenetic virtues of drugs, save in “*poisoning*.” But he “supposes” how they could push the poisoning to a certain extent; after *this extent* the homœopaths probably “*guess*” the sequel, as Dr. H. did in prescribing for his “chronic case” that he furnished for the Journal. This admission destroys the whole fabric of homœopathy, for it is all “*guess*” work in the last stages of disease; and as they do not poison “healthy” persons, they have only *accidental* knowledge, save that they obtain by *partial* inquiry. 2d, He admits that chemistry will not detect the medicinal substances contain-



ed in homœopathic drugs, and chuckles because I did not know it without experiment. 3d, That the *totality* of the *symptoms* constitutes the disease ; for speaking of a remedy, he says it is oftener used than other drugs, "depending on the *totality* of the *symptoms*," &c. Let him give the rationale for his prescription for the hip disease, when "the pain is chiefly in the knee," &c. 4th, He says I have "just learned" that the homœopaths *bleed, purge, blister*, &c. Now if these points, and others equally important, are given up by a "*helmsman*," what may we expect from the practice of the less experienced, who have just been converted to the doctrine ?

He has failed to prove—1st, That their remedies have any effect on the animal economy. 2d, He has not shown that the homœopaths vary their prescriptions according to the age, sex, temperament, habit, &c. ; he only says they do. He confesses that he does not know there can be *great pathological* difference in two cases of peritonitis, the subjects a robust man and a delicate female. Well, now let him learn—"This inflammation is not necessarily confined to any certain portion of this membrane ; for *every and each* portion may be the seat of it"—or one may be the result of *cold*, and the other a case of *puerperal peritonitis* ; "for we must look upon the peritoneum as a *unit* ; and when inflamed in any one part, *the same general symptoms will arise*," but the pathological difference is often *great*. The doctor will also learn, from the above, that I am not the only one who has "got ahead" of him. Dr. H. says the medicines that I employed in treating my second case homœopathically, had no analogy to the disease. I think so too, but they were indicated according to higher homœopathic authority than the man who thinks the pathological condition from the same disease, and the same general symptoms, must always be alike. 3d, He has not yet established the analogy of the operations of the poison of a marsh, and homœopathic remedies—a comparison he once drew for his own defence, but has since abandoned, and skulked behind some other outwork of homœopathic invention. And so it has been, he has been driven from every position, and it is wasting time to pursue him further, for I should but continue to show the fallaciousness of his arguments, the unfairness of his assertions, which from the commencement characterize his articles. This would be but an idle game, following

"A faint shadow of uncertain light,  
Like as a lamp, whose life doth fade away."

"Converts to new doctrines always have more zeal than wisdom." This is strikingly true with regard to the new disciples of Hahnemann—to those Dr. H. has converted, reasoning would be

"Like orient pearls at random strung."

These can well be given over to the homœopaths ; they would not adhere to the truth, neither would they honor the profession ; "they are joined to their idols, let them alone."

Yours,

Lime Rock, R. I., Sept. 5th, 1846.

J. P. LEONARD.

## TO MEN OF SCIENCE IN AMERICA.

From Professor T. D. Eschricht, of Copenhagen, to his friend S. A. L. Koppen on his departure for the United States.

[Communicated for the Boston Medical and Surgical Journal.]

BETWEEN the naturalists and physicians of North America and of Denmark there at present hardly exists any scientific communication, and still it must be admitted, that reciprocal advantage and satisfaction would result from it, if it was duly established. There is a great difficulty, which puts a stop to the reciprocal communication and examination of works published in either country, viz., the *difference of dialect!* the Danish tongue not being known, nor the works published in that language sought for, in the United States. Still it may be supposed, that at least the larger libraries in the States would be willing to receive Danish publications.

By way of introduction, I send some of my minor works, particularly those which have been published in foreign languages, and request you to distribute them to those learned gentlemen with whom you may become acquainted during your residence in the United States, without thereon founding any expectation as to the regular establishment of a proper correspondence and mutual exchange of literary productions. Larger works, such as the writings of the Royal Society of Sciences, or other more expensive works, are not to be sent without a certain remuneration of equivalent American publications.

Moreover there might be established, to the reciprocal advantage of the learned men in both countries, an exchange of objects belonging to natural history, and I am willing to open such a communication in the United States with a small contribution. All the different species of Northern, especially Greenlandish, lower animals, and complete skeletons of the larger species, including the huge whales, are all at the service of the learned American gentlemen. In order to be sent off for the United States, it is requested that an equivalent indemnification, either in American natural products, books or ready money, is insured.

The objects which I particularly would desire to obtain from the United States, partly on my own account, and partly on account of the Museum of the Zootomical University, which is confided to my care and superintendence, are the following:—

a. The whole of original American works on Anatomy, Physiology, Zoology and Zootomy—except the smaller manuals for the use of scholars—particularly works illustrated by engravings.

b. Skulls (crania), and if possible more or less complete skeletons of the aboriginal tribes of America. But in order to render them useful in a scientific point of view, it will be of absolute necessity, as circumstantially as possible, to designate the race or tribe of the individual, in what relations it may have lived; if it belonged to one of the independent roving tribes, or their more civilized descendants, and whether of a male or female. The cranium must have the lower jaw and teeth.

c. The characteristic American *animals*, either well preserved in spirit

and able to be used for anatomical purposes, or in well-wrought skeletons; nominally all kinds of fishes; the lower and particularly remarkable amphibious animals, with gills, such as menopoma, menobranthus, siren lacertina.

I do not desire any works on Botany or Mineralogy, nor skins or stuffed animals.

Yours truly,

T. ESCHRICHT,

Professor at the University, Copenhagen.

Copenhagen, May 11, 1846.

## UNIVERSITY OF BUFFALO.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your notice of the *University of Buffalo*, in your last Journal, you remark that “Drs. Lee and Webster are detached from Geneva College, and accept chairs at Buffalo,” &c. I wish to correct this statement by publishing the following announcement and explanation, from the Buffalo Commercial Advertiser.

“Among the acts passed by the last Legislature was one incorporating the University of Buffalo. This act is broad and comprehensive in its character, and provides not only for a collegiate institution of the highest grade, but for the establishment of a University, in fact as well as name, with a complete organization of the Law, Medical and Theological Departments. By the terms of the act, the Commissioners named in it were empowered to organize the University whenever twenty thousand dollars were subscribed to its capital stock. That amount having been subscribed, the stockholders met, and elected the following-named gentlemen to constitute the council:—

“Ira A. Blossom, Isaac Sherman, Theodorus Burwell, James O. Putnam, Gaius B. Rich, William A. Bird, Thomas M. Foote, John D. Shepard, Millard Filmore, Eldridge G. Spaulding, George R. Babcock, Hiram A. Tucker, Orson Phelps, Orsamus H. Marshall, George W. Clinton, Joseph G. Masten.

“These gentlemen are divided into four classes, of one, two, three and four years each.

“Last evening the Council held a meeting, at which it was decided to organize the Medical Department forthwith, which was done by establishing seven professorships, and the election of the following-named gentlemen Professors.

“1. James Hadley, M.D., Professor of Chemistry and Pharmacy. 2. Charles Brodhead Coventry, M.D., of Physiology and Medical Jurisprudence. 3. James Webster, M.D., of General and Special Anatomy. 4. Charles A. Lee, M.D., of Pathology and Materia Medica. 5. James Platt White, M.D., of Obstetrics and Diseases of Women and Children. 6. Frank Hastings Hamilton, M.D., of Principles of Surgery and Clinical Surgery. 7. Austin Flint, M.D., of Principles and Practice of Medicine and Clinical Medicine.”

It will be seen from the above, that the entire Medical Faculty of Ge-



neva College have been chosen to fill the different chairs at Buffalo, with the exception of Dr. Thomas Spencer. They have accepted the appointment, with the understanding that the course of lectures shall be delivered after the course at Geneva has closed, which is about the 1st of February. The Medical Faculty of Geneva College, therefore, remains precisely as it was; the lectures will be given hereafter as they have been heretofore, and whatever is done at Buffalo, will be as a separate organization and during a different portion of the year.

New York, Sept. 12, 1846.

Yours, Respectfully,

CHARLES A. LEE, M.D.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 23, 1846.

*Prof. Koppen.*—This gentleman, whose name is familiar to the learned, has just arrived in this country. He is a native of Copenhagen, but for the last ten years has been a Professor in the University of Athens, in Greece. Having travelled extensively in Europe and Asia, he now desires to become acquainted with the institutions in the United States. His letters to men of literary and scientific distinction, are sufficiently numerous to give him access to the society and the civilities to which a person of his reputation is entitled. We publish, to-day, a circular, of which he was the bearer, addressed to the savans of North America, that may lead to a happy and profitable intercourse with Denmark.

*Philadelphia College of Physicians.*—In turning over the quarterly published transactions, which was alluded to last week, we have found a variety of matter to instruct as well as interest the reader. No happier scheme for the benefit and rising fame of the institution could have been devised, than opening the records and showing the world all the movements in the interior of the Society. No other association in this country, devoted exclusively to medicine, thus freely throws its doors open. Emulation is excited, by such a course, and society is already reaping the advantages of this combination of wisdom, science, liberality and common sense. We abominate the custom of many associations, that might be designated, in which the labors of profound scholars are vigilantly kept in manuscript, under the recording secretary's key—where they are destined to remain, in accordance with a narrow-minded policy, that belittles those who pretend to labor for the advancement of useful knowledge.

Among the papers in this report, Dr. Condie's, on the diseases of children, is excellent. Many extracts are marked in it for republication. The committee appointed to report on the subject of American Quackery, will have ample scope for making a brilliant exposure of the tricks of trade. If there should be any lack of materials, they are respectfully invited to visit this metropolis, in which as many Yankee inventions are in successful operation for driving a brisk business, in nostrums, as a secre-

tary of legation could chronicle in a month. From the schedule of books given to the library from one meeting to another, the prospect of a large collection must be flattering.

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*Effects of Emetics in Young Subjects.*—The New York Journal of Medicine due for September, 1846, has not been received, although a copy for the same month in 1845 has just reached us by mail. Seven pages, however, belonging to the No. for the present month, are promptly at hand. Professor John B. Beck has prepared a paper on the effects of emetics in young persons, that should be looked to with more than common reading interest, because his authority is no every-day voice. He cautions practitioners against the use of tartar emetic for children. When under one year of age, he advises never to give it to them. An extract on another page will show Dr. Beck's method of reasoning on this important subject.

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*St. Louis University.*—On the first Monday of November the medical lectures will commence in this school. Eleven students were graduated at the close of the last term. Having had experience in their several departments, the professors were never better prepared to instruct their classes advantageously and profitably, than at the present time. St. Louis is an important city, where the means of obtaining a polished literary or professional education, are of a much higher order than those who have not examined the advantages possessed by the city would suspect.

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*Illinois Medical College.*—It seems that this institution is either quite new or has been unaccountably overlooked in making up a list of schools of medicine. At Jacksonville a college is located, to which a medical department belongs, that has had a degree of success which encourages its friends to hope a wider range of influence. Thirteen gentlemen received the degree of M.D. in course, the last commencement, and M. H. L. Schooley received an honorary degree. Lectures begin the first Monday in November.

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*Quarrels of Medical Men.*—Formerly there were all kinds of jealousies and petty warfares between practitioners in the same town; but a better state of feeling now generally exists among medical men, since the discovery has been made that the world is large enough for us all, without infringing upon the rights of our neighbors. However, in Missouri there is a whirlwind of difficulty between two of the editors of the St. Louis Medical Journal and Dr. Reyburn, of St. Louis. The latter gentleman has sent forth "A Supplement to the July No. of the St. Louis Medical and Surgical Journal, containing an examination of the testimony appended to the remarks of Dr. Thomas J. White, published in said No. of that Journal." Without taking sides either way, it appears that there was cause of provocation, and Dr. Reyburn has done as any other person of high feelings of self-respect would have acted under a sense of injustice. A personal acquaintance with Dr. Linton, however, leads us to believe him a man of integrity, whose sympathies would always be exerted in the

right direction. This supplement will certainly stir up the elements—and we may expect some great literary demonstrations of indignation at a future day. Dr. Reyburn writes with vigor, and like one who is not only conscious of possessing power, but determined to use it in vindicating his unalienable rights.

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*Expulsion of Dr. Cross.*—A pamphlet before us bears the following title: "Statement of facts in relation to the expulsion of James C. Cross from Transylvania University." One of the statements is signed by Professor B. W. Dudley; another by Professor Thomas D. Mitchell; another by Professor Peter, &c., accompanied by incidental notes from other sources, illustrative of the reputation of the expelled member. What was he expelled for? will be the question. An answer may be found, in part, on the 16th page of the pamphlet, which we forbear to quote, but which contains grave charges against Dr. C.

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*Ellis's Medical Formulary.*—Dr. Morton, of Philadelphia, has given the profession another much-improved and extended edition of this work. It is from the press of Messrs. Lea & Blanchard, who have already sent abroad seven previous editions. This is the eighth, and so cautiously revised, that it is hardly possible to detect even a typographical error in the course of its 272 octavo pages. Our young practitioners will find this treatise essentially useful to them—and it is cheerfully recommended on account of its intrinsic value.

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*Sketch of M. Louis, of Paris.*—Prof. Bartlett, of the Transylvania University, gives the following description of this celebrated French teacher.

"Louis, according to a book of biographical sketches lately published, was born in 1787; this would make him 59 years old, though you would hardly take him for more than 45. He is tall and erect, with a large head, and an ample forehead; his hair is getting a little thin, but is not grey. He has lately returned from the Hopital Beaujon to the Hotel Dieu, where he has charge of two or three female wards, one of which is appropriated to patients recently delivered. He gives no *clinique*. I have followed him several times through his morning service, and have seen him often at his own house. This intimate personal acquaintance which it has been my good fortune to make with him, has only served to strengthen the admiration and regard for his character which had been excited by my previous knowledge of his works. No teacher was ever more sincerely and enthusiastically loved by his pupils than Louis is by his. They speak of him, not merely with veneration and respect, but with transport. And well they may. If more than twenty years of uninterrupted, conscientious, and laborious investigation of the most important subjects of practical medicine—terminating not in barren speculation, but in the most positive and valuable results; of a love for the truth, which no temptation can alienate, which no passion or interest can corrupt, and which no obstacle can turn aside; if honesty of purpose, straight-forward, unbending integrity; simplicity of character, and the highest and purest combination of personal and social qualities, can constitute legitimate titles to our veneration and love, no claims can be stronger than those of Louis.



*Jaundice in Infants.*—In the Northern Journal of Medicine, Dr. A. B. Campbell relates three cases of icterus in new-born infants, all of which terminated fatally. In two, the disease was found to depend on congenital absence of the hepatic and cystic ducts, and in the other upon obstruction of the common biliary duct by inspissated bile. In the first case the jaundiced hue of the skin appeared the day after birth; the infant, however, continued well until the ninth day—though the evacuations from the bowels were white; a hemorrhage from the umbilicus then occurred, and returned on the following day, when the child died. The gall bladder was found to be a shut sac, the hepatic and cystic ducts being both wanting—the blood was tinged with bile. In the second case, the symptoms occurred early—no hemorrhage took place. The infant wasted away, while its abdomen enlarged in both hypochondriac regions. The patient lived until the sixth month, being attacked immediately preceding its death with violent diarrhœa, and vomiting of a fluid like coffee grounds. The liver was large—the gall bladder, as well as the ducts, were absent—the blood and various tissues were tinged with bile. The third case closely resembled the first; hemorrhage from the umbilicus occurred on the seventh day, and returned at intervals until the eleventh, when the child sunk into a comatose state and died. The whole amount of blood discharged did not exceed an ounce and a half. The gall bladder was full of bile, the escape of which was prevented, however, by a plug of inspissated bile, which filled the common duct. The brother of this infant died at the same age and with similar symptoms.—*Transactions of the Philadelphia College of Physicians.*

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*Washington University.*—The vacancy in the medical faculty of the Washington University, of Baltimore, occasioned by the resignation of Professor Fonerdon, has been filled by the election of Dr. W. T. Leonard to the chair of Obstetrics and Medical Jurisprudence. The faculty have also recently appointed Dr. William Hunter Metcalfe, Demonstrator of Anatomy.

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*Anatomical Models.*—The idea that was first conceived by Guillaume Desnoues, in 1701, of representing in wax, the color and form of various parts of the body, has lately been much improved upon by Mr. Felix Thibert; who has not only carried this art of imitation to a great degree of perfection, but he has succeeded in reproducing, with extraordinary exactitude, fac-similes of the preparations first made. The different societies in France have given their approval to the invention of Mr. Thibert; and the Institute, in 1846, awarded him the Monthyon prize. Mr. Thibert has made a collection in Paris, of 1100 of these models of diseases of the organs of respiration, of the circulation, of the skin, brain, digestive apparatus, liver, spleen, kidneys, &c. We have had an opportunity of viewing several of these specimens which were sent to Dr. Chazal in this city. We take pleasure in recommending those who take any interest in the matter, to go and examine them.—*Southern Med. Journal.*

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*Medical Miscellany.*—A jury of inquest at Syracuse, N. Y., rendered a verdict that Mrs. Mary Ann Bevin, who died suddenly, came to her

death in consequence of "premature marriage." She was 15, but did not appear to be more than 12 or 13, say the papers.—A man in the country has been outdoing the dentists, by smoking worms out of the cavities of decayed teeth, which he appears to have convinced his patients were the real cause of toothache! What theory can be started so absurd as not to have its advocates and believers?—A surgeon in France was fined ten francs for refusing assistance to two poor persons who were severely wounded.—Wm. Lawrence, Esq., F.R.S., is now President of the Royal College of Surgeons, in London, and Mr. Travers and Mr. Stanly Vice Presidents.—An academy of sciences has been founded at Vienna.—There are fifty-two professors in the University of Kiel, in Denmark, and only two hundred students!—The fourteenth Scientific Congress, of France, commenced a session at Marseilles the first day of September.—M. Amusat has gained the first prize in medicine and surgery, the present year, in the French Academy of Sciences.—In hiccough, M. Rostan has employed pressure on the epigastrium.—Oil of turpentine, in a pledget of lint, kept on the bleeding socket, is represented to stop hemorrhage arising from the extraction of a tooth.—A strong decoction of coffee is recommended, on good authority, to be given in severe cases of neuralgia, at the commencement of the paroxysm.—Morrison, the pill quack, is said to have paid in England, for advertising his stuff, \$54,000, between 1830 and 1844.—One case of yellow fever has appeared at New Orleans.—A little girl lost her life by eating the berries of nightshade, at Harrisburg, Penn.—It is stated that cases of mental derangement are greatly on the increase in France. The intense heat of the summer has made all the tranquil female patients in the Salpetriere, furiously mad.—A man at Rondout, suffering from rheumatism, took three doses of colchicum at once, and was killed by it.—Yellow fever has broken out on board the British war vessels in *Sacrificios*.—The scurvy prevails extensively on board the U. S. frigate *Potomac*.

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TO CORRESPONDENTS.—Some remarkable statements respecting animal magnetism, from Dr. Fahnestock, of Pennsylvania, have been received through Dr. Lee, of New York. Although satisfied that some of the parties in the case have been greatly deluded, we shall endeavor to find room for the paper of Dr. F., who we understand is "a man of talent and distinction." Dr. Ingalls's reply to Dr. W., and a paper from Dr. Moore, have also been received.

Prof. Draper's Text Book on Chemistry, and Dr. Coxe's Epitome of Hippocrates and Galen, have been received. Also Prof. Dunglison's Human Physiology, in two large volumes—to be noticed next week.

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MARRIED.—At South Hadley, Mass., Dr. Edward Strong to Miss H. L. Hayes.—At Edgartown, Mass., Dr. J. H. Lucas to Miss M. T. Osborn.—Samuel P. Church, M.D., of Derby, Conn., to Miss E. H. Sterling.

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DIED.—At Savannah, Geo., Dr. John B. Barton, of the Navy, of consumption.—At New York, Samuel Sargent, M.D., 43, much lamented.—In Boston, Dr. John Quincy Adams, 22.

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*Report of Deaths in Boston*—for the week ending Sept. 19th, 77.—Males, 37, females, 40. Of consumption, 6—disease of the bowels, 23—cholera infantum, 4—dysentery, 2—diarrhœa, 1—infantile, 7—typhus fever, 6—drowned, 1—accidental, 3—cancer, 1—dropsy, 2—convulsions, 1—child-bed, 1—measles, 2—spasms, 1—debility, 1—hooping cough, 1—inflammation of the lungs, 4—worms, 1—dropsy on the brain, 1—cholera mortuus, 2—hemorrhage, 1—jaundice, 1—scrofula, 1—marasmus, 1—disease of the spine, 1—teething, 1.

Under 5 years, 45—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 4—over 60 years, 3.

*Use of Tartar Emetic in the Diseases of Children.*—In the first place, Tartar Emetic is a powerful sedative, and it is well known, that in early life, the system cannot bear so well the operation of this class of agents, as it can in the adult. A striking illustration of this we have in blood-letting, when carried to the extent of producing syncope. Adults, as a general rule, recover very readily from this state; children, on the contrary, recover very slowly, and there is always more or less danger to life either from convulsions or general prostration, and the same thing holds good in relation to Tartar Emetic. Besides this, Tartar Emetic frequently acts as a local irritant. From the delicacy of the mucous tissue in early life, it is of course more apt to act as such at that period, than it is in advanced years. In both these ways, it is evident that Tartar Emetic must necessarily prove more energetic in its action on the young subject.

In the second place, there is scarcely any medicine, whose action is more decidedly modified by the existing condition of the system than Tartar Emetic. In the ordinary state of the system, it acts as a sedative to the circulation, but at the same time causes, even in very moderate doses, nausea, vomiting, sometimes free purging and diaphoresis. On the other hand, in certain states of the system characterized by high inflammatory action, very large doses, and frequently repeated too, may be given without any other effect than that of lessening excitement, and curing the disease. Again, as soon as this state of excitement is subdued under the use of the remedy, all the ordinary physiological effects of it are reproduced. Under these circumstances the article can no longer be tolerated, and the use of it must be relinquished. All these interesting peculiarities are abundantly illustrated in the treatment of pneumonia, as first practised by Rasori in Italy, then by Laennec in France, and afterwards by numerous English and American physicians. Now, if Tartar Emetic is thus modified in the adult by the existing state of the system, how much more readily must all this take place in the young subject. In the successive changes taking place in the child in the different states of disease, from irritation to inflammation, it is hardly possible to estimate the degree of uncertainty attending the operation of this article.—Dr. J. B. BECK, in *New York Journal of Medicine*.

#### PENNSYLVANIA COLLEGE—MEDICAL DEPARTMENT.

SESSION of 1846-47.

THE Faculty is constituted as follows:

WILLIAM DARRACH, M.D., Prof. of Theory and Practice of Medicine.  
 JOHN WILTBANK, M.D., Prof. of Obstetrics and Diseases of Women and Children.  
 HENRY S. PATTERSON, M.D., Prof. of Materia Medica and Pharmacy.  
 WILLIAM R. GRANT, M.D., Prof. of Anatomy and Physiology.  
 DAVID GILBERT, M.D., Prof. of Principles and Practice of Surgery.  
 WASHINGTON L. ATLEE, M.D., Prof. of Medical Chemistry.

The lectures will commence on Monday, Nov. 2, and be continued until the ensuing 1st of March. The commencement for conferring degrees will be held as soon after the close of the session as practicable.

Regular public examinations on all the branches are held by the respective Professors.

The Faculty, not deeming it advisable to establish a college clinic, will furnish a ticket to the Clinical Lectures at the Pennsylvania Hospital, Pine St., to each pupil in attendance upon a second course of lectures.

The anatomical rooms will be opened on the 1st of October, under the personal superintendence of Prof. GRANT, assisted by WILLIAM T. BABB, M.D., Demonstrator of Anatomy.

Three years study in the office of a respectable practitioner, and an attendance upon two full courses of lectures, one of which must be in this institution, together with an attendance upon one course of clinical instruction in some approved Hospital, are the requisites which entitle a pupil to become a candidate for graduation.

WILLIAM DARRACH, M.D., *President of the Faculty*.  
 HENRY S. PATTERSON, M.D., *Registrar*,

July 1st, 1846.

Jy 15—tNov.1.

Filbert above 11th St., Philad.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXV. WEDNESDAY, SEPTEMBER 30, 1846.

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No. 9.

## NOTES ON THE TREATMENT OF DYSPEPSIA.—NO. I.

By Robert Dick, M.D.

THE object of the few following papers is to give an extremely concise and practical account of the most recent and approved modes of treatment of the principal diseases of the digestive organs, and also of some other diseases, in the management of which, special attention to the digestive organs is necessary, and forms an important part in the treatment. I shall invariably be as concise as possible in matters pathological, nosological, &c., which are at all merely conjectural and theoretical, and, confining myself chiefly to the therapeutical department, I shall endeavor to point out whatever is most practical and satisfactory.

Without adding a word by way of preface or explanation, I shall proceed at once to my task, merely remarking, that as the most simple order, and the one least likely to lead to speculative discussion, I shall take up my subjects in alphabetical sequence.

*Acne*.—The simpler forms of this disease require merely emollient lotions, cataplasms, and light purgatives. Evident advantage is sometimes derived from a cucumber poultice, though there is inconvenience in keeping it applied. The best purgative, in ordinary cases, not requiring alterative laxatives, will be found to be the compound infusion of senna, sulphate of potass, with syrup of buckthorn added. Baths medicated, or merely tepid water baths, are also useful.

*Pustulous acne* requires more energetic treatment, and of very various character. Purgatives, diaphoretics, and alteratives external and internal. As regards purgatives, they may either be given alone or combined with diaphoretics. If alterative purgatives are not indicated, and only a mild stimulation required, then pills of myrrh, aloes, and ipecacuanha, will be found useful.

In plethoric subjects, saline purgatives and diaphoretics will do better; and a form of this kind, prescribed by Corvisart to Napoleon, will be found, slightly modified, as good, perhaps, as any: it is as follows—Bitartrate of potass, one ounce; potassio-tartrate of antimony, half a grain; white sugar, two ounces; water, thirty ounces. Mix, and strain. A wine or ale glassful of this may be taken morning, noon, and evening, or more or less frequently, as may be found necessary to keep the bowels in a gently open state.

Alteratives may be used externally and internally. Among the former

the unguentum hydrargyri ammonio-chloridi of the London, and the unguentum hydrargyri præcipitati albi of the Dublin Dispensatory, will be found suitable. Ointments also of the iodides of sulphur or mercury, in the proportion of a scruple or drachm of these to six ounces of lard, are often of service. Internally, advantage will be derived from the following mixture:—Biniodide of mercury, iodide of potass, of each five grains; distilled water, eight ounces: mix. A teaspoonful to be taken three or four times a-day for two or three weeks.

Sometimes benefit follows the use, as a lotion, of the solution of diacetate of lead. In all cases of acne, mild or severe, the diet, unless there be actual debility and anæmia, ought to be, to a considerable extent, vegetable and farinaceous. Salads may be used with some freedom; ripe fruit is indicated, if the season suit; wines, spirits, and malt liquor, cheese, pastry, &c., ought to be abstained from.

The inveterate and chronic forms of acne may, in some cases, require a long medicinal and dietetic treatment for their removal; but such treatment, judiciously and perseveringly carried out, will almost invariably triumph.

*Acidity.*—There is a difference between acidity which is merely *in* the stomach, and acidity which is *from* the stomach, and the treatment of these is also different. Acidity of the former sort arises usually from natural changes in the food, or from improper articles of diet. If from the former of these, we may infer that there is functional debility of stomach, probably associated with, or dependent on, anæmia of the mucous coat, and a consequent deficiency in the secretion of the gastric juice, bile, pancreatic fluid, and the mucus; that hence digestion is feeble and tardy, so much so as that the ordinary chemical, non-vital changes in the food, which the mere heat and moisture of the stomach are apt to favor, take place. The cure of this kind, and from the causes just named, is obviously dependent on tonics, with food stimulant in itself, or rendered so by condiments.

Acidity *from* the stomach—that is, consisting of morbid matters actually secreted by the organ itself, requires other measures. And here it may be observed, that sometimes the feeling of acidity, or, to use the familiar word, heartburn, is caused by secretions extremely slightly acid, sometimes not appreciably so. Acrid, however, they must be. In other cases, the feeling of acidity does not seem to depend either on acidity or acridity of the stomachic contents or secretions, but either on a peculiar state of the gastric nerves, or on morbid sensibility, with or without hyperæmia, of the gastric mucous membrane. These several kinds of heartburn require separate and different treatment.

1. Acidity caused by morbid secretions. These morbid secretions are, in fact, one or more of the following acids—the hydrochloric, lactic, oxalic, butyric, acetic, carbonic. The last is, perhaps, seldom the cause of heartburn.

In most cases, heartburn of this nature requires alteratives. This is more especially the case if the acidity be owing to excess of the hydrochloric or lactic acids, or to the presence of the butyric. The alteratives

from which we may principally select, are, mercury, iodine, potassio-tartrate of antimony, nitrate of silver, bismuth, ipecacuanha, &c.; several of these may be combined with advantage. Thus the iodide of mercury may be chosen; and ipecacuanha may be usefully allied to mercury, iodine, or nitrate of silver, severally; all of them may also be united, if necessary, with purgatives, such as the extracts of rhubarb, aloes, or colocynth, with scammony, &c., and sometimes, most beneficially, with the extract of colchicum.

Meanwhile much attention must be given to the state of the urine, and the action of the skin. The condition of the urine is a matter of much importance. It must be our care to detect and re-adjust any departure from the normal equilibrium of that important excretion, any excess or deficiency of its constituents. In general, it may be remarked that morbid stomachic secretions are more often associated with and dependent on a deficiency of some of the constituents of the urine, than with excess of these.

2. When heartburn is attended with a red tongue, thirst, pain at the epigastrium, and a distinct sensation of coolness in the stomach, on cold fluids being swallowed—circumstances indicating hyperæmia and erythema of the mucous membrane—solutions of the acetate of ammonia, nitrate of potass, borax, and even dilutions of the acetic, tartaric, and sulphuric acids, are to be employed. Seltzer water, iced drinks, lemonade, grapes, ripe apples and pears, &c., may also be used as ordinary drink and food.

3. That species of heartburn which is a mere variety of gastrodynia, and is accompanied with no derangement of secretion, no hyperæmia or tumidity of the mucous membrane, is best treated with pills of the tris-nitrate of bismuth and hyoseyamus, nitrate of silver and conium, oxide of zinc and extract of chamomile. To these may be conjoined draughts of the infusions of orange peel, of taraxacum, and of gentian.—*London Lancet*.

## TREATMENT OF PLEURISY.

From Dr. J. A. Swett's Lectures on Diseases of the Chest.

SIMPLE cases of acute pleurisy, if the attack be mild, yield readily to a mild antiphlogistic treatment, viz., one or two venesections, followed by cupping or bleeding, purgatives and low diet, with rest. Under this treatment the constitutional fever is subdued, the pain relieved, and gradually the effusion is absorbed. Many judicious practitioners are in the habit of attempting to aid the absorption of the effusion by blisters and diuretics. I am disposed to think these remedies sometimes useful, but that in general they are of a very secondary importance. If pain continues to exist longer than usual—if the effusion is slow in disappearing, I should be disposed to blister the side and try and hasten the removal of the effusion by diuretics. The nitrate of potass, the hydriodate of potass, the diuretic decoctions, digitalis; any, indeed, of the well-known diuretics,



may be used, and during their use I have sometimes seen the urine increased, and the absorption of the urine apparently hastened.

In severe cases we should resort to a still more active treatment, and as soon as the constitutional symptoms are somewhat abated by venesection and other means, we should resort to mercurials, and continue them more or less freely, according to the urgency of the case, and other circumstances, until the gums are touched. The influence of mercury in controlling serous inflammation, as well as the marvellous rapidity with which it promotes the absorption of coagulable lymph, when recent, appears to me one of the best established facts in therapeutics. Hence its value in a severe case of pleurisy, where we have not only to fear immediate danger from the violence of the disease, and the prospect of purulent formation, but the remote evil of a lung bound down and buried in lymph, the cause of extensive adhesions. I have observed, in cases where it is easy to watch the daily progress of the case, that no impression seemed to be produced upon the disease, until the gums became affected, and that the absorption seemed to accompany at once the decline of inflammatory action. I do not know that there is any particular choice in the form of the mercurial preparation, but calomel gr. i. with opium gr.  $\frac{1}{3}$ , or with Dover's powder grs. vi. given from twice to four times in the 24 hours, according to the urgency of the case, will be found as useful as any form.

When a case of pleurisy has gone on to suppuration, it is indicated by a continuance of the local symptoms and the supervention of hectic. When this change occurs, a corresponding change in the treatment becomes proper. The patient's strength should now be supported by nutritious diet, even quinine and wine may be necessary, and the greatest attention paid to the digestive organs, particularly to keep the appetite good, and guard against the occurrence of diarrhœa. If the patient has not been already mercurialized, and is strong enough to bear it, I should, in accordance with Dr. Hope's plan, which he found so successful, put the patient upon a mercurial course, at the same time carefully supporting the vital powers. Dr. Hope by this treatment cured thirty-five cases in succession. Some have been successful with the preparation of iodine. Dr. Stokes cured twenty cases of empyema by Lugol's Solution of Iodine, with the iodine ointment rubbed in externally. Both he and Hope used blisters also. Dr. Schonlein, of Berlin, is in the habit of trusting mainly to diuretics, especially to digitalis and nitre, and thinks he has seen the pus even carried off directly by the kidneys. The treatment I am in the habit of using in these cases is a combination of three different plans—I would give the proto-iodide of mercury with opium, and in conjunction with it the hydriodate of potass; at the same time using blisters dressed with the hydriodate ointment, or rubbed into the side. If the case was obstinate, and no diuretic effect was produced by the potass, I would resort to diuretics—at the same time supporting the strength by such diet and other means as the case might require.

Under any plan of treatment, however, I fear we shall frequently be foiled. The great thing is to prevent the formation of pus by appropri-

ate treatment, early in the disease—but if pus has once formed, it is not, I think, very readily removed by treatment. The question then arises, shall we resort to an operation and evacuate the pus—and if so, under what circumstances shall we resort to it?

Most authors on the subject are of opinion that the operation, like that for croup, should only be resorted to at the last extremity. I am disposed to doubt this position, both pathologically and practically. I have seen nine cases within the last few years where the pus was discharged externally; in six by an operation, in three spontaneously. In only one of these cases did death ensue, and this patient I think might have recovered had his circumstances afforded him a better chance. In another case, I fear death will eventually ensue, because I think the lung itself is seriously diseased. I find I am supported in this statement by that of Heyfelder of Germany, who operated on six patients with complete success. I also agree entirely with this writer, that when the treatment employed has made us doubt whether the fluid will be absorbed, the operation is justifiable, and that then the sooner it is performed the better.

One of the principal reasons given for putting off the operation to a later period, is this—that until fluctuation and pointing occur, you cannot be sure that pus is in the chest—you cannot be sure even then. I have felt and seen both, without a particle of fluid in the chest, in a case of cancerous tumor, imitating in other respects, almost exactly, a purulent effusion. Again, as Laennec has perfectly shown, you may have a considerable collection of pus in the pleura, and the affected side, so far from presenting signs of fluctuation, is not even dilated—but on the contrary contracted. So that in many cases, if you wait for fluctuation, your patient may die first from exhaustion. The truth is, that with a fair history of the case before us, and with the aid of the usual physical signs of pleuritic effusion, we can usually say whether fluid exists in the chest without fluctuation—although if this is present, so much the better.

Again, some would discourage the operation, for the reason that we cannot always feel certain that the effused fluid is pus. If it should so happen, it is said, that the effusion should be serous with coagulable lymph, a secondary inflammation would be excited, which would terminate fatally. Of the truth of this statement I can say nothing—I have never yet seen anything but pus evacuated, and, as I have stated already, most of those cases recovered.

Now suppose the operation is decided, how shall we perform it? The usual place of opening the chest is laterally between the 5th and 6th ribs, but it may be made with advantage as low down as fluctuation can be felt. I have known it done even between the 10th and 11th ribs. The skin should be pushed up forcibly with the thumb of the left hand, so as to make the opening valvular, and an incision an inch or more in length carried through the skin along the upper edge of the 6th rib. I would then recommend that an exploring needle should be passed into the chest *in all cases*. In the first place, I can

conceive no possible case where it would do harm, and it is attended with very little pain. If it discovers pus, then we can have no doubt as to the propriety of continuing the operation—if it gives indications of serum only, or if a solid tumor, then we can pause. In opening the pleural sac I think a double-edged scalpel, or an abscess lancet, better than a trochar, especially if it be a flat one. Great care should be taken that the edge, and especially the point of the instrument, be very sharp. I think I have known one, if not two cases, where the instrument, *from being dull, did not enter the cavity of the pleura at all*. The truth is, the pleural sac is usually lined by a thick and elastic false membrane, which can be separated from it easily, without force. Now a dull instrument, especially a pushing one like a trochar, may pass through the pleura and push this loosely attached membrane before it without even penetrating it, and of course without entering the cavity containing the pus. A very sharp instrument, giving it a cutting movement, might thus spare us the mortification of a case of dry tapping.

A question here arises, how much of the pus should be drawn off? I would let it run so long as no air entered the chest. But even if air gets admission, it does no harm, except in preventing the expansion of the lung—it does not excite inflammation, and is soon absorbed. A small tent of lint had better be introduced into the wound—for I have seen one case where the operation was remarkably successful in its first results, all the fluid having been at once removed, the opening being very low between the 10th and 11th ribs, and no air entering, so that the respiration could be soon heard all over the side. The opening however closed at once, and a new one was required higher up in the course of a week. Generally, however, where all the pus is not evacuated, I do not think the opening would close even without a tent. Simple loose dressings to receive the matter that may flow from the wound, a nutritious diet with tonics, and fresh air to support the strength, opiates to relieve irritation and procure sleep, are the indications of the after treatment.—*New York Medical and Surgical Reporter*.

#### "JARVIS'S LECTURES ON FRACTURES AND DISLOCATIONS."

[Communicated for the Boston Medical and Surgical Journal.]

THE visit of Dr. George O. Jarvis to the old world, and the success of the enterprise which carried him thither, are worthy the attention, not only of surgeons, but of every son of America. The fame of the new world has been upheld by her statesmen, lawyers, philosophers, clergy, and her mechanics; but in the branch of medicine, the names of Rush, Dewees, Physick, Mott, and a few others, alone sustain her feeble reputation. There are here, as abroad, gentlemen who have performed astounding operations, so formidable and so fatal, that one is tempted to exclaim, with the frightened sheep in the fable—



What ! leap into the pit our life to save ?  
Leap into the pit, we leap into the grave !

In this utilitarian day, we are more fond of ends than means, of good effects than of showy and brilliant operations ; or, to repeat the idea—the great surgeon of the present day is not he who does the most operations, but he who dispenses with the most—who saves pain, who produces a desired effect most easily. The invention of Dr. J.'s “adjuster” accomplishing this end, has opened the eyes of Europeans to the growing excellence of our surgeons. I had the pleasure of seeing this instrument first in London, shortly after it had been exhibited to the most distinguished surgeons of that metropolis. I had heard it highly spoken of by Mr. Lawrence, and I hastened to see a countryman, with his instrument, who was reflecting so much credit upon my native land. The flattering approvals given to it by Brodie, S. Cooper, B. Cooper, Stanley, Ferguson, Quain, Guthrie, Hodgkin, and others, induced instrument makers to offer proposals for “rights” to make and vend the instrument, on very advantageous terms for the inventor, merely for the reputation that would thence accrue to their manufactories.

The large gold medal of the Adelphi, so rarely given, was bestowed upon the inventor by the hand of Prince Albert, accompanied by remarks grateful to Dr. J. and his country. At the dinner of several county medical societies, Dr. Jarvis was called upon to reply to various toasts complimentary to American surgeons, which were afterwards reported in the papers of the day.

The patent taken out and arrangements made for the subsequent manufacture of the instruments, Dr. J. proceeded to Paris, where with the assistance of some American students there resident, it was laid before the chief men, and several opportunities for testing its qualifications, convinced them of its excellence, and drew forth the warmest expressions in testimony of its worth. Long descriptions were published, October 2, 1845, in the *Gazette des Hopitaux*, edited by Fabre, and some short remarks concerning it, with two cases in which it was tested at one of their hospitals. These are to be found in the work which forms the topic of this communication. It is not my intention to enter into any consideration of the theory upon which these lectures are based, for the reader will find all these points clearly elucidated. This instrument will stand from its effects ; and all theory which contradicts experience, every tyro knows, is false. Look then to its effects. This work, which is intended to accompany the instrument, contains the five lectures as published in the *London Lancet*, with one or two more explanatory wood cuts, several cases in which the “adjuster” was successfully used in the Paris hospitals and elsewhere, concise instructions for its application, &c. ; and, finally, numerous testimonials from some of the most distinguished surgeons in the world. In the preceding address the principles which governed its construction are thus concisely enumerated :

“*First.* Always to admit of the same free motion of the limb during the application of force, which that limb possessed independently of the use of this instrument.

"*Second.* To allow the surgeon to apply any amount of force in the exact line of the shaft of the bone, on which he is to operate.

"*Third.* To have that force both gentle and steady, capable of being applied either rapidly or slowly, and retained permanently on the limb, or relaxed instantly, as the surgeon shall choose, while it is, also, at all times, under his control.

"*Fourth.* To enable the surgeon to confine the points of extension and counter-extension within the limits of any given round bone.

"*Fifth.* To enable the surgeon to apply extension and counter-extension in any position of the limb."

"It may not perhaps be out of place also to state, briefly, some further advantages which this apparatus possesses over every other means.

"*First.* Its whole force being entirely subject to the command of the surgeon, and applied by his own hand; he is thus enabled to regulate that power at will, inasmuch as he is capable of feeling the amount of power which he uses; he is also enabled to dispense with the services of assistants, he never requiring the aid of more than one, and generally not even that.

"*Second.* In its being more readily applied than the pullies, especially, and in places, moreover, where to apply these, it would be extremely difficult, it being just as conveniently used in the bed-chamber, or in the field, or in a ship, or, indeed, in any other place where the person injured can be approached, as in the best regulated hospital. It is also compact and portable, and made of materials so strong and durable, that it is not liable to get out of order.

"*Third.* In fractures at the neck of the thigh bone it allows the patient to lie on the side opposite the one injured: an advantage which, at first sight, may not appear to many, but nevertheless it is one, which, on reflection, will in some cases, I trust, appear so obvious, that will be accounted matter of no small consideration in the treatment of those injuries."

The utility of this instrument, not only in dislocations, but in fractures so common at sea, and so difficult to unite without great shortening, and the simplicity of its construction and application, render it desirable on board every ship, and not only in those to which medical men are attached, but where only an ingenious Yankee captain is present to apply it.

*New York, Sept. 2, 1846.*

A. K. G.

#### DR. INGALLS'S REPLY TO DR. WOODRUFF.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, J. W., it seems from the Journal of the 26th of August, has emerged from his concealment, and made his appearance in propria persona, by the name of "J. Woodruff, New Britain, Conn." I must confess, Mr. Editor, he has not improved much by taking off his mask; his physiognomy is not remarkably prepossessing nor very amiable;

it has the same crabbed and sour aspect, set off with a deep tint of malice.

Dr. Woodruff does not appear to possess a well-balanced mind. Instead of coming directly to the subject in question, he flutters about from object to object, undoubtedly to divert the attention from the alleged charge brought against him of quoting me unfairly; and to conceal the disingenuous denial "of any misstatement in his former communication." He takes great merit to himself in promulgating a truism, that "the praise of the cure be awarded to the agent that deserves it"; he discovers consummate vanity in assuming the prerogative of constituting himself sole umpire in deciding who are the friends of medical science; he calls to his aid a Dr. Johnson to support him in his "impudence and absurdity"; and, finally, with strong symptoms of despair, he invokes the assistance of Dr. Leonard, a correspondent of yours, to sustain him in his cause, betraying a malignity unparalleled by calling on a person by name to become an accomplice in the attack which he has made on me, without the slightest provocation.

That Dr. Woodruff has wilfully perverted the statement of the case reported by me in the Journal of May 27th, will appear from the ensuing quotation. Dr. W. states, "he," meaning the undersigned, "more than intimates that a most 'intractable' case of 'osteocoele' was cured by two globules of plumbum." No such thing. There was no such intimation in the case reported. The undersigned stated, in the most explicit language, that "the tumor bore a *strong resemblance* to an osteocoele of a most intractable character." A person, that would make the resemblance of a thing and the thing itself identical, must be laboring under an "intractable" strabismus.

Again, Dr. Woodruff states, "it is an undoubted 'fact' that a 'tumor' existed [an astonishing admission], but that it was an osteocoele I seriously doubt." Here he perpetrates another truism, for so far was the undersigned from stating, that the tumor *was* an osteocoele, his words were that the "tumor *bore* a strong resemblance to an osteocoele."

The discrepancy in the statement of Dr. Woodruff and the report of the undersigned is most palpable, and his want of candor in refusing to acknowledge his perversion of the following sentence, "the tumor bore a *strong resemblance* to an osteocoele of an intractable character," must be attributed to mental perversity, or moral obliquity, or a dogged persistence in a misrepresentation, which no honorable man would have hazarded. *ὅν ῥήδιον τὴν φύσιν μετατιθέναι.*

To the reflecting and unbiassed mind, it is evident, from the whole tenor of the case, the object is to caution the surgeon not to proceed too hastily to the performance of an operation of extreme severity.

But, Sir, the subject is too momentous to be lost sight of by a clumsy attempt at wit, satire and ridicule. The practitioner, who possesses all the requisite qualifications for performing the higher operations with adroitness and accuracy, cannot be too highly prized. Notwithstanding we have such in our midst, it is none the less necessary that operations should be avoided when practicable. It is only in the last resort, the manual aid of the surgeon is to be resorted to.



The exsection of a portion of the body of the inferior maxillary bone, is one of the most terrible operations in surgery. Performed with the utmost skill and address, the several steps must be attended with excruciating pain, the suffering and tediousness of a necessarily protracted cure, and the deformity resulting from the operation. It is possible, a tumor, *bearing a strong resemblance to an osteocele*, might lead the *most distinguished surgeon* to make a false diagnosis, and without incurring the censure of temerity, proceed to its removal. On the supposition, such an instance might occur, the knowledge of every means that has had the effect of preventing the necessity of having recourse to the dernier resort, must be very acceptable to the humane; and should be made public without being deterred by the fear of receiving the reproach of those who are incapable of appreciating its value, or of the prejudiced, and to be pitied, individual, who is in the habit of viewing everything through the medium of a distempered imagination.

WILLIAM INGALLS, M.D.

Sept. 14th, 1846.

[We think there is room for doubt in regard to the expediency of publishing papers like the following. Their injurious effects on the community, in needlessly impairing confidence in the profession, would seem to be apparent. It is possible, however, that this evil may be more than counterbalanced by an indirect benefit—as a more thorough preparation and greater care may be expected in those just entering the profession, when they are made fully to understand that the results of ignorance or carelessness in the practice of medicine cannot be concealed from the public. We have no doubt Dr. Moore had this or some other good object in view in preparing the article, and we therefore give it an insertion.]

#### NEW OBSTETRICAL INSTRUMENT AND OPERATION.

[Communicated for the Boston Medical and Surgical Journal.]

The following account of an operation, or rather piece of butchery, which occurred not a hundred miles from Derry, N. H., is respectfully submitted to the editor of the Medical Journal for insertion, and the merits of the instrument are left to the judgment of the profession, as being rather unique.

Mrs. C., aged 35, slight form and delicate constitution, was taken in labor with her second child, on the morning of the 10th of March, 1845. Nothing occurred up to the thirtieth hour to mar the anticipations of the expectant husband, or interfere with the delectable anxiety of the old ladies to behold the arrival of the young stocking mender—(the child proved to be a female). The mouth of the uterus had been tardy in dilating, and at this period its efforts began to flag. Forty hours had now elapsed, with but little progression of the head. Ladies will talk in a lying-in chamber, and with very little provocation lash themselves into a high state of excitement. It was soon whispered that something must be wrong; side winds were thrown out at the doctor, till the patient became

alarmed and the doctor nervous. All action of the uterus had now ceased. The Dr. being asked "what was the matter," replied that the head was too large, that something must be done, the woman being feeble and not likely to stand it long. A consultation was proposed and agreed to. Will you, Sir, credit the result of that consultation? It was deliberately and coolly proposed, as the only means of saving the mother, that the child should be destroyed, and delivery accomplished by removing the child piecemeal. The question next arose, how should they accomplish this, for instruments neither possessed, and to send for another counsel would be loss of time and repugnant to their judgment. And now, Mr. Editor, what do you think these men of science agreed upon as the best weapon wherewith to destroy the child? "Arcades ambo"—"tell it not in Gath, whisper it not in the streets of Askelon." A "*jack-knife*" was the tool selected! Yes, and they resorted to the barn and sharpened it on a grindstone, and then proceeded to insert the blade into the cranium of the child. After a few ineffectual efforts, the operator made a sudden plunge, and believing he had penetrated the skull, gave the knife a rotary movement, and withdrew it to think what was next best. While pausing to concentrate their murderous efforts, unexpectedly the uterus contracted steadily and forcibly, and the head of the child came into the world, followed in quick succession by the shoulders and body, to the utter discomfiture of the doctors. But the worst feature of this tragedy was not yet over. In their confusion, to hide their disgrace, they left the child to its fate, who soon eked out its brief existence, from a wound in the right temporal region, the "*jack-knife*" having glided off the skull without penetrating, and divided a branch of the temporal.

The prominent features of this case are strictly true, and it is left to the Editor to make his own comments. Very respectfully,

Derry, N. H., Sept. 16, 1846.

N. MOORE.

#### CURATIVE POWERS OF NATURE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—From an accidental oversight I did not observe, until recently, a communication in the No. of your Journal for the 15th of July, entitled, "*Alleged Homœopathic Cures.*" But from the peculiar drift of the writer's "*mature thoughts,*" I became interested, and was naturally led to inquire, after reading attentively "*his views,*" what his ideas of disease, and of its management, were? Also for the cause that induced him to relinquish practice. Relative to the first, his readers were left in the dark; of the second, he gave a fair but unintentional exposition—as he states in the first place "*that he has nearly ceased to practise, only prescribing for particular friends and acquaintances,* from the fact that he has so little confidence in medicine as a curative agent, as to be disqualified by that, if by nothing else, to practise the healing art with success, according to the present notions of the people." Still he feels himself warranted to administer medicine to his par-

ticular friends, notwithstanding his doubts of its curative powers, and the doubts which he entertains of those qualifications that should enable him to practise with success. Now we should deem friendly offices under the above form as extremely equivocal, and should decline receiving them from the hands of any person, although they were bestowed under the head of friendship, and bound in sheep cured at the most reputable colleges in the land. And the probability is, that the notions of the people "were of the same sort." And in expressing his sympathetic views of Dr. Holt's homœopathic cures, he affords him less than infinitesimal doses of consolation, as he verily believes that nature was the curative agent, and in accordance makes what he conceives to be valuable deductions, i. e. "that they show the profession how little reliance there should be placed on medicinal agents, and how much upon the natural powers of the system." It is usually understood to be the office of the physician, while attending upon a case of disease, to watch the efforts of nature during the various phases of its progress, and from a knowledge of pathological symptoms, and the effect of remedies in palliating or counteracting those of an unfavorable character, simply to make use of medicinal agents to aid those faltering indications and restore its ascendancy, and not to make an indiscriminate use of drugs without reference to their adaptation to the peculiarities of the disease prescribed for, save by the resemblance of symptoms to those described by authors. Every system has its peculiarities when diseased, which are beyond the reach of description or exact parallels, and the practitioner can only be guided by those features in common with recorded cases; and his treatment must be varied according to existing circumstances, establishing for its foundation the successful experience of our legitimate professional predecessors, deviating according to the promptings of judgment, led by the indications presented. Productions exhibiting the ultra paradoxical points of the one under consideration, can be of but little use in aiding the advance of science and art, or of the logical reputation of the author. Little reliance can be placed upon the experience or opinion of a person who makes the avowal, "that he has so little confidence in the curative powers of medicine as to be disqualified to practise it with success," and hints, to adopt his peculiar mode of expression, that he is the possessor of other deficiencies, which would tend in a greater degree to diminish his success as a medical practitioner, "according to the present notions of the people," which, according to my impressions, usually harmonize with the desire to live to the utmost extent of their natural lease; and in conclusion gives an honest demonstration of his logical powers of deduction and construction, by saying, "I hope you will not understand me as being opposed to the use of medicine entirely, for this is not the case; I have, on the other hand, great confidence in its remedial powers when properly prescribed by judicious and skilful allopathic physicians." Then immediately in contrast he offers the following, which evidently refers to the homœopathic code from its connection, as he concludes by a quotation in which he makes faith the agent to effect the cure. "I must say, however, notwithstanding the small quantities [of medicine] *now* used, there yet needs to be great



improvement in this respect." When opinions like those referred to, are received by the profession as current coin, can they be surprised that the people recognize so little difference between them and professed quacks?

Yours respectfully, L. E.

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#### ANATOMICAL EXPRESSION IN PAINTING.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Hitherto, modern artists have paid but little attention to the anatomical points of delineation called forth by the varied mental emotions, excited by a participation of persons in scenes portrayed by the pencil, confining themselves solely to that form of expression exhibited by lines of physical prominence and depression, giving strength by light and shade according with the position and attitude of the figures in contrast. But in order that a correct perception may be obtained by the conceiver of scenes, he must be accurately versed, with the surgeon, in the position and relations of the external muscular developments of the human system, and their ratio of expression as exhibited by different temperaments, when called into action by the nervous excitement of conflicting emotions, during the changes of scene within the bounds of description, else his view of the actors as engaged will be devoid of the interest which should inspire the beholder's imagination to separate them from the canvass, and recognize the scene as in progress. This knowledge was possessed in an eminent degree by Raphael, Michael Angelo, and others of the old artists, and has obtained for them a celebrity which will be transmitted long after their works have passed away. The works of our own artists have frequently displayed talent of a superior order in many of the requisites of correct delineation, but have usually failed in giving character to the muscular developments called into action by the nervous excitement peculiar to the leading events of the scene.

An exception to the above will be traced in the figures of the paintings now on exhibition in Harding's Gallery. In the picture of Adam and Eve expelled from the garden, we were agreeably surprised with their relative proportions, the peculiar appropriateness of their attitudes, and the contrast indicated by the strength of the angular muscular developments of Adam, under those emotions which made him assume the character of protector, when he first felt the influence of divine displeasure, and the curved outline of muscles in action from the strongest emotions, clothed in all the beauty and native softness of reality. With the figures in contrast, we were with Hogarth constrained to believe the rounded curve the line of beauty. The artist in his "Capture of Christ," and "Murder of the Innocents by order of Herod," has afforded a field for the study of facial muscular excitement under the action of anger, fear, benevolence and kindred emotions, worthy the notice of the profession, aside from their historical features of interest. Yours, &c. R. E. S.

*Boston, September 23, 1846.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, SEPTEMBER 30, 1846.
 

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*Writings of Hippocrates and Galen.*—Notwithstanding the frequent references to these ancient authorities, a small number, only, in the million, it is presumed, know much of their writings. Dr. John Redman Coxe, a veteran in the ranks of science, whose claims to distinction no one in his senses would think of questioning, has rendered an acceptable service to the literature of the profession, by presenting an epitome of the works of these remote fathers, translated into the English language. This is the first attempt to turn the spirit of the whole original into our vernacular. The address to the reader, an explanation of the process of obtaining an authentic text—together with the introduction, occupying twenty-three pages, that unfortunate part of a book which no one thinks worth noticing, ordinarily—are essential to a good understanding of what follows: both, therefore, should be read.

After reading the opinions, precepts and recorded observations of these far-seeing, discreet practitioners—the oldest of whom, Hippocrates, was born 2392 years since, and Galen 1700 years—the conclusion is, that we have made but very little advancement in the knowledge of diseases or their appropriate remedies, since they left the stage. Like the strata of the earth, which have been rolled over and over, till the bottom of primitive seas has become the peaks of mountains; and the monuments of nature's mighty achievements, the mis-called everlasting hills, have sunk into fathomless abysses, so have been the revolutions of human thought and the grandest displays of man's wisdom. With all our boasted progress, there is but little in medicine that is new; the same ideas and suggestions that occupied the vigorous mind of Hippocrates twenty-three centuries ago, are in our time raised from the buried wrecks of the past, and palmed off for original specimens. The historian who honestly unrolls the chart on which are truly represented all the links in the chain of knowledge from the first period of authentic record down to his own time, shows that though we often imagine ourselves advancing through untrodden fields, these same fields yielded rich harvests into the garner of our predecessors, whose names and prowess are as obscure in the mist of tradition as the architects of the western tumuli. We thank the venerable Dr. Coxe for the good he has thus accomplished, in convincing some of the self-complaisant promulgators of modern discoveries in pathology, in hygiene, and other over-bibliographized departments of the schools, that they have generally been anticipated by the antiquated authors, of whose doctrines he is the accredited translator. May the book have the place it deserves, on the score of priority, in every choicely-selected library, and all who have joined in the enterprise of publishing it get a good per cent. on the sales.

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*Text-Book of Chemistry.*—Prof. Draper, of the University of New York, must be an industrious man. His works on the science of chemistry are

strewn broadcast over the world. One of his latest productions is a popular treatise for schools and colleges, containing an outline of the annual course of University lectures on chemistry. A prominent object has been to enable the student to understand the text, to facilitate which, nearly three hundred illustrations on wood have been judiciously interspersed through the volume. It is a task of no ordinary character, to make a book on any one of the modern sciences, from which young persons can derive pleasure combined with instruction. In chemistry, there is a wide range for experiments, which are the truth-tellers—the testimonials on which the philosopher depends for sustaining propositions. Fortunately, most of those distinguished for their brilliancy, or wonder-working results, are within the reach of students in academical institutions. The variety and singularity of the developments in nature, ascertained through the discoveries in chemistry, justly give it a high place in public estimation. The arts in civilized life have been advanced, beyond all hope or expectation, within a very few years, comparatively, by the studies of the chemist. With such claims as a science, those who really aid us in mastering its principles, which are the grand laws that control the organic and inorganic world of matter, are public benefactors, and should be so regarded.

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*Dunglison's Human Physiology.*—No terms of commendation are at our command, beyond those brought into service on many former occasions, expressive of our pleasure and confidence in this excellent system of physiology. Having reached the sixth edition, enlarged and improved also, according to the discoveries of the day, enriched, too, by rising of three hundred and sixty engravings, it cannot fail of being well received by men of intelligence. The author has a talent for concentrating this kind of knowledge, and packing into a small space the treasures of science. This new edition should be strongly recommended to medical students for a daily text-book. It is one of Messrs. Lea & Blanchard's fine specimens of typography, in two large octavos. Copies may be had in Boston at Ticknor & Co.'s.

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*History of Yellow Fever.*—Dr. Dowler, of New Orleans, has again placed us under obligations, by sending a copy of his paper entitled "Researches, historical, topographical and critical, on Yellow Fever," which was first published in the New Orleans Medical and Surgical Journal. It appears to have been taken from a volume of unpublished matter, which we hope may yet be given to the world. There are but few such men in the present age—and they are truly medical philosophers. Dr. Dowler originates ideas; they are the last things he ever borrows, so far as our range of reading qualifies us for sitting in judgment on his productions.

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*Mechanical Surgery.*—It was our intention to have directed the reader particularly to the merits of Dr. Jarvis's instrument for reducing luxations; but as Dr. Gardner has a communication this week upon the subject, it is only necessary to say further, that Mr. Hunt, the surgical cutler, corner of Washington and Water streets, has some elegant specimens of the adjuster, worthy the close inspection of surgeons. The instrument can be obtained at no other place in the city.



*American Manakins.*—An advertisement on the outside of the Journal, announces the removal of the Messrs. Hyatts from Rochester to New York city. They are exceedingly happy in their artificial imitations of nature. Should they receive that encouragement which the medical public could bestow, they would probably produce models of still rarer interest. Their skill will have more room for display in New York, because it is a focal point—and more people will there see what extraordinary things can be achieved by native artists. If they turn their attention particularly to anatomical modelling in papier maché, instead of plaster, it strikes us that they will have better patronage—provided the prices are a little less than the cost of those imported from France.

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*Leighton's Enema Chair.*—A singular contrivance it must be—a chair with arms, easy and handsome, containing fixtures for a night cabinet, with an injecting apparatus, and yet an ornamental piece of furniture, suitable for a genteel apartment! If the agent in Boston imposes upon the good nature of individuals in other places, as some one has in this city, by sending them circulars through the post office, *unpaid*, to promote his own interest, we hope no one, thus addressed, will condescend to look into his hermaphrodite close-stool. The progress of luxury must have advanced prodigiously, to bring such an anomaly into use. From the unpaid letter in which its transcendent virtues are set forth, it is inferred that the patent enema chair was *made to sell*.

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*Valerianic Acid.*—Very encouraging accounts are circulating of the benefit to be derived in neuralgia from this comparatively new article in the materia medica. It is scarcer than gold dust, and unless it can be found in Tremont row, with our friend Mr. Burnett, who is always on the look-out for the latest discoveries, in his way, in Europe, not a drop can be found in Boston.

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*Death Caused by Flogging.*—We have frequently had occasion to refer to the reprehensible practice of flogging, as a punishment in prisons and armies. A case has lately occurred in England, which shows the cruelty of this mode of punishment. The following statement is from the Lancet.

“An inquest was held at Hounslow, in the parish of Heston, Middlesex, on the 15th, 20th and 27th of July, and the 3rd of August, on the body of Frederick John White, aged 27 years, a private in the 7th regiment of Hussars, who, in pursuance of a sentence of a District Court-martial, held at the Cavalry barracks, at Hounslow-heath, on account of a sudden assault committed by him on a sergeant of the same regiment, received 150 lashes with a cat-of-nine-tails, administered by two regimental farriers, on the 15th of June last. Whilst undergoing this punishment, he was bound by the arms and legs to a ladder nailed to the wall. He suppressed any expression of pain, but asked for water during his flogging, which was given him. On being untied, water was thrown on his shirt, which was replaced on him, and covered by his coat. He then walked to the hospital, of which he continued an inmate until his death on the 11th of July. Lieut.-Colonel Whyte, and the surgeon of the regiment, Dr. Warren, were both present at the flogging.”

It appears that White recovered as well as could be expected, with the exception of several small but painful boils on his back from the 25th of June to the end of the month. On the 4th of July the entry at the hospital was, that his back was wholly well, and he would be fit for duty next day. On the 5th, however, he began to complain of a "singular pain" in his right side, which pain the next day was said to be in the region of the heart, and soon extended to his back and left shoulder. Blisters, bleeding and other remedies were used. On the 10th he had lost the use of his lower extremities, had paralysis of the bladder, and he died, insensible, on the 11th. A *post-mortem* examination was made on the 13th, by surgeons Hall, Warren, and Reid, who found inflammation of the heart, and reported this to be the cause of his death, "which was in nowise connected" they say, "with the corporeal punishment" of the 15th. *The back was not examined.* On application for burial, the vicar of Heston, after learning the facts, wished the authority of a coroner before giving permission. Mr. Wakley accordingly called an inquest on the 15th. On learning that the back of the deceased had not been examined, Mr. Day, Surgeon of Isleworth, was ordered to make another examination, and the inquest adjourned to the 20th; when the coroner learned, to his surprise, that Mr. Day had also omitted the back of the deceased, as he thought he had found the cause of death elsewhere. Mr. Wakley now sent for Mr. Erasmus Wilson, of London, to make a complete *post-mortem* examination, and the inquest was adjourned to the 27th, when Mr. Wilson's evidence was presented. The body was in too bad a state to examine the chest and abdomen, and he confined his attention wholly to the back and spine, the latter of which, interiorly, was found much decomposed and devoid of nervous substance. The muscles over the ribs and spine, next the bones, were disorganized, and converted into a soft pulp, occasioned, as he thought, by the excessive contraction during the agony of punishment. Mr. Wilson thought some relation subsisted between this disorganization and the disease found in the chest—and he therefore considered that death was caused by the flogging and its consequences on the system. The jury accordingly rendered a verdict that the deceased "died from the mortal effects of a severe and cruel flogging of 150 lashes which he received with certain whips on the 15th of June, 1846," &c.

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*Rupture of the Uterus.*—On the 22d ult., we were invited to witness the *post-mortem* examination of a female who died during her accouchement. The woman was *forty-nine* years old, and her husband, a Frenchman, and one of Napoleon's soldiers, was *seventy-five*. It seems that she was taken in labor about twenty hours previous to her death, and her pains appeared natural and vigorous most of the time for some seventeen or eighteen hours, when they ceased, but the attending physician thought they would soon return; and as the head of the child had descended into the pelvis, he thought the labor would go on well. He left the house for a short time—but, on his returning, he found the patient lifeless. On opening the abdomen the next morning, in the presence of several medical gentlemen, the body of the child was found lying entirely without the uterus, partly on the right side, with the head wedged in the pelvis. The womb was ruptured anteriorly, near the cervix. The child was unusually large, measuring twenty-three and a half inches in length, and was sup-

posed to weigh about fifteen pounds, although we did not weigh it, not having conveniences for that purpose ready at hand.—*New York Medical and Surgical Reporter*.

*Transylvania Medical School*.—The vacancies in this school, occasioned by the death of Prof. Richardson, and the resignation of Prof. Watson, having been filled by the election of Professors Annan and Bartlett, the Faculty is now fully organized and prepared to enter upon the duties of the approaching session. Prof. Annan has already located in Lexington, and Prof. Bartlett having returned to the United States from his late European tour, will be at his post of duty by the first of October.

It is confidently believed that at no period since the organization of this school, has it been in a condition better able to meet the just expectations of the public, than at the present time. Indeed, such are the arrangements of the different chairs, and the several collateral branches, that the course of instruction will be more full and complete, than at any former period. In addition to the regular lectures in the several departments, the following collateral branches of study will be taught, several of which have not been heretofore introduced; these are, the Physical signs of disease, illustrations of Minute Anatomy with the Microscope, a complete course of Operative Surgery, and also a course on Minor Surgery, Clinical instructions at the hospital, &c. Students are assured that a full supply of subjects for dissection may be relied on.

Efforts from time to time have been made to detract from the well-earned reputation of this school; but instead of entering into an acrimonious controversy, and attempting to refute every idle rumor that may be circulated, the Faculty deem it more consistent with their duty to themselves and the profession, to devote their energies to the improvement of the departments committed to their care, and to the faithful instructions of those pupils who may attend the lectures.—*Western Lancet*.

*Chronic Hydrocephalus without Symptoms during Life*.—Dr. Banks exhibited to the Dublin Pathological Society specimens illustrating the case. It is one of the many instances which tend to show how obscure and difficult is everything connected with the investigation of disease:—

“There was no symptom of cerebral disease, no convulsion, no impairment of intellect, during two years that the patient had been under Dr. Banks’s observation. The subject of the case (a male, aged 30) did, however, state that he had been treated for water in the brain during infancy. About three months before his death, he exhibited signs of phthisis, and a cavity was detected in the upper lobe of the right lung. The disease went on rapidly to its fatal termination, but there was no delirium even in its latest stage. On opening the skull, the arachnoid was found slightly opaque; within the brain itself was an immense mass of serous fluid, measuring at least a quart, distending the lateral ventricles; the substance of the brain enclosing this was exceedingly thin, but the bones of the cranium were of the normal thickness. Here, then, was an enormous extent of disease within the brain, yet unaccompanied by any obvious injury to the intellectual powers. This man’s memory was quite good, he appeared in possession of all his faculties, and had neither epilepsy nor spasms of any kind.”—*Dublin Journal*.



*Artificial Anus—Perinæal Operation.*—Surgeons of eminence, amongst them Blandin, have been of opinion that incontinence of feces must be the inevitable result of an artificial anus established in the perinæum or coccygeal region, not in connection with the sphincter ani. The inaccuracy of this opinion is proved by the case of a patient operated on some years ago by Amussat, of Paris. This patient has been under the observation of Sir P. Crampton up to the present period, and he states that no such infirmity exists.—*Ibid.*

*Midwifery Statistics.*—A reviewer in the March No. of the Archives Generales gives the following general results of Midwifery Statistical Tables, recently published in the Italian and English Journals. In 47,116 labors, twins occurred 446 times (9 4-10 per thousand), and triplets 4 times (1 in 10,000). There were 40,233 head presentations (969 per 1000), of which 40,046 were vertex, and 187 face. There were 1065 breech or footling presentations (27 per 1000), and 154 transverse ones (4 per 1000). Of these labors, 46,632 terminated naturally (989 per 1000), and 484 (11 per 1000) artificially; viz., 221 by means of the forceps, 89 by craniotomy, 54 by turning, and 20 by vaginal or uterine hysterotomy.—*Medico-Chirurgical Review.*

*American Medical Almanac.*—Messrs. Lindsay and Blakiston, Philadelphia, will publish on the first of October next, the American Medical Almanac, which will contain information in relation to the various medical institutions in the United States.

*Medical Miscellany.*—A negro died lately at the poor house, Washington Co., Penn., who was at Braddock's defeat. He was 113 years of age.—The cholera is making sad ravages on the borders of the Red Sea. At Medina, the deaths averaged, when last heard from, 300 a-day. Cases had also appeared at Suez.—Several cases of hydrophobia have recently occurred at the South.—By a naval order, Surgeons of the fleet, in the United States Navy, and Surgeons of more than twelve years' standing, will hereafter rank with Commanders; Surgeons of less than twelve, with Lieutenants; passed Assistant Surgeons next after Lieutenants; and Assistant Surgeons not passed, next after Masters.—The deaths in London during the week ending August 8th, amounted to 1135, 237 above the weekly average for the last five summers. Of these, 136 were from pulmonary consumption.

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MARRIED,—In Philadelphia, John Gegan, M.D., to Miss E. A. Bowles.

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DIED,—At New Haven, Conn., S. B. Fuller, M.D., 34.—At Petersburg, Virg., Dr. Thomas Robinson, 74, having practised medicine in that place nearly 43 years.

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*Report of Deaths in Boston*—for the week ending Sept. 26th, 77.—Males, 38, females, 39. Stillborn, 4. Of consumption, 10—disease of the bowels, 14—diarrhœa, 2—dysentery, 1—cholera infantum, 3—disease of the liver, 1—infantile, 3—inflammation of the lungs, 2—inflammation of the brain, 2—typhus fever, 5—measles, 2—marasmus, 3—tumor, 1—inflammation of the bowels, 3—rupture, 2—dropsy on the brain, 3—old age, 5—quincy, 1—teething, 3—lung fever, 2—cancer, 2—child-bed, 2—scarlet fever, 1—cancer, 1—hooping cough, 1—accidental, 1—unknown, 1. Under 5 years, 37—between 5 and 20 years, 7—between 20 and 40 years, 18—between 40 and 60 years, 5—over 60 years, 10.

*Foreign Body accidentally lodged in Larynx.*—Mr. Maurice Collis produced the recent parts concerned in a case which exemplified strongly the difficulty of dislodging a foreign body from the larynx. A boy, æt. 6, the child of a dressmaker, accidentally swallowed (as was supposed) the hook of a lady's dress, on the 16th of January. On the next day Mr. Collis saw him at the Meath Hospital, when he presented the symptoms of a foreign body in the larynx, sufficiently urgent to justify the operation of laryngotomy, which was performed at 3, P. M., on that day; the thyro-cricoid membrane was divided at first by a small opening, which was then enlarged in the vertical direction both upward and downward, but still the foreign body could not be found; the cartilages were now divided in both directions, and attempts made to detect the foreign body. Sir Philip Crampton and some others who assisted, thought that they felt it; Mr. Collis could not. Efforts were made with a probe and with a forceps, but still without success. A gum elastic catheter was then passed through the wound upwards into the mouth, but still without dislodging or finding the foreign body. By this time the boy had become very weak and exhausted, having been an hour on the operating table, and it was determined to postpone for a few days any further attempts. After this bronchitis supervened, which was appropriately treated. On the 23d some efforts were again made to dislodge the foreign body, but unsuccessfully, as the slightest contact with the wound caused an intolerable degree of irritation. The medical treatment for the bronchitis was continued, and directions given to keep the wound free from mucus. On the evening of the 23d his respiration was tranquil, but there was mucus collecting about the wound, which was from time to time cleared away by the resident pupil, who saw him for the last time at 11 o'clock at night, and, observing that his breathing continued quick, consigned him to the care of his mother, as the best nurse that could attend him through the night. It appeared from the account given by his mother, that after this his respiration became more labored, the wound became more clogged with mucus, and he expired during the night. On slitting up the larynx from behind, the foreign body (the hook of a hook and eye) was found in the left ventricle of the larynx, where it was held spasmodically by the arytenoid muscles, close to the extremity of the wound. The patient had always referred his distress to this very spot. There were the usual symptoms of inflammation within the larynx, vascularity of the lining membrane, &c. The friends would not allow the lungs to be examined.—*Dublin Journal.*

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#### ALBANY MEDICAL COLLEGE.

THE next Course of Lectures will commence on the first Tuesday in October, 1846, and will continue sixteen weeks.

ALDEN MARCH, M.D., Prof. of the Principles and Practice of Surgery.  
 JAMES McNAUGHTON, M.D., Prof. of the Theory and Practice of Medicine.  
 T. ROMEYN BECK, M.D., Prof. of Materia Medica.  
 EBENEZER EMMONS, M.D., Prof. of Obstetrics and Natural History.  
 LEWIS C. BECK, M.D., Prof. of Chemistry and Pharmacy.  
 JAMES H. ARMSBY, M.D., Prof. of Anatomy.  
 THOMAS HUN, M.D., Prof. of the Institutes of Medicine.  
 AMOS DEAN, Esq., Prof. of Medical Jurisprudence.

The fees for a full Course of Lectures are \$70; but the students are not required to take out all the tickets during one session. The Matriculation fee is \$5, and entitles the student to the use of the Library. Graduation fee, \$20.

Board and lodging may be procured in the city for from \$2 to \$3 a week.

Any further information may be had by addressing a letter, post paid, to the Registrar.

July 29.—ept Oct 1

THOMAS HUN, Registrar.

THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXV.      WEDNESDAY, OCTOBER 7, 1846.

No. 10.

ON THE ANATOMY OF THE EXCITO-MOTOR SYSTEM.

By Marshall Hall, M.D., F.R.S. L. & E., &c.

THE history of the protracted disputes on this topic would be full of instruction, but it is not my present intention to write it. My object is, to lay before the reader in a few words (I am always afraid of occupying his time and my own needlessly), *the* argument, or rather, *the* plain and simple PROOF, of the distinct anatomy of the excito-motor system.

Does any one doubt the distinct anatomy of the system of cerebral nerves—of the nerves of sensation and volition?

The *very same* proof which exists of this part of the nervous system, exists in regard to the excito-motor system. It exists in the pneumogastric nerve, or, as it may be better designated, the pneumogastric system of nerves.

If the pneumogastric be sentient at all, it is the least sentient of all incident nerves. What is it, then? It is excito-motor! It is, emphatically, the internal, excito-motor nerve!

Why go to complex structures, when a simple one exists? Why go to the lower orders of animals, when the mammalia, and even the human being, afford us the proof we require?

The superior and the inferior laryngeals are the associated excitor and motor nerves of the larynx.

The bronchials are associated excitor and motor nerves of the bronchia.

The pharyngeals and œsophageals are the associated excitor and motor nerves of the pharynx, of the œsophagus and of the cardia.

Lastly, and most strikingly, the pulmonic part of the pneumogastric nerve is, as the associate of the diaphragmatic and intercostals, the internal excitor of respiration.

There is, in short, as I have said, the *same* proof of the distinctness of the excito-motor system of nerves, as of the sentient and voluntary, and it is both idle and ridiculous to dispute the fact any longer, or to appeal to other parts of the nervous system than the grand pneumogastric, or to other tribes of animals than the mammalia, for proofs not needed. As confirmations of a truth already established, these researches are, of course, interesting enough. I am myself preparing a paper on the pneumogastric system in animals of limited and of diffused respiration—in the mammalia; and in birds and insects. In birds, the spinal nerves are, doubtless, in their distribution to the diffused breathing cells, analogous to the



pulmonic branches of the pneumogastric. In insects, *each segment* with its spiracles (analogues of the larynx, trachea, and bronchia), is endowed with a nervous system entirely analogous to the laryngeals, and to the pulmonic branches of the pneumogastric, and the diaphragmatic or intercostals ! Then we have to inquire into the nature and office of the lateral nerve in fishes. As in birds, the respiratory nerves are, probably, equally for flight and for respiration ; so in fishes, the lateral nerve is, probably, for swimming and for respiration.

But to return to my topic. The proof of the distinct anatomy of the excito-motor system, is afforded by the pneumogastric—the internal, purely, or almost purely, excito-motor nerve.

If, however, we would examine other and more complicated tissues, the proof lies, not, I fear, in the dissection and tracing of fibres, but in physiological experiment : the cerebral system is, so tested, *in-excitor* throughout—in its centre, in the nerves of special sense ; the excito-motor system is, in its centre, and in its incident and reflex relations, what its designation implies.

It is pitiable that there should any longer be any dispute on the subject, or that detraction should still attempt to wrest the credit of adducing *the proof*, in any degree, from myself, or from physiology.

Amongst other attempts of this kind, one has been to propose a change in the designation which I had given to the nerves of the reflex arc—and a most unfortunate change too. The terms incident and reflex *imply* some very definite association, or *LAW-relation*, between the two—a real phenomenon of the most remarkable kind. But the terms *afferent* and *efferent* are, in this respect, utterly insignificant ; whilst the meaning which these words do convey, of something borne to and from, is probably altogether erroneous.

The ray of light, which is now incident and immediately afterwards reflected, is the *same* ray, modified, directed, and returned by the reflector, whether it consist in loco-moving particles, or in vibration. The same idea is attempted to be conveyed by the terms incident and reflex nerve. There is, in these nerves, and in their connection through the spinal marrow, some extraordinary recondite connection, so that, for example, the excitation of the superior laryngeal sends forth some mysterious messenger to the medulla oblongata, whilst this returns it in the just channel, the inferior laryngeal, so as to effect the closure of the larynx ; whilst the excitation of the pulmonic branches of the pneumogastric excites, through the diaphragmatic and intercostal nerves, the contraction of the muscles of inspiration, precisely, definitely, and no other.

The ordinary reflection of a ray of light, or the polarization of a ray of light, is not more definite.

The effect produced is obviously *designed*, not by the animal—for its brain may be removed without interfering with this process—but by an omniprovident Creator. This obvious design has misled many to think that there are feeling and volition in the spinal marrow.

The terms incident and reflex are therefore full of meaning ; whilst the terms afferent and efferent either convey no meaning at all, or an er-

aneous one. In this suggestion, the *LAW of association* of the effects of excitement, its incident course, its modification and direction by the spinal marrow, its reflex course and destination, were unperceived.

How much, then, is conveyed or implied in that one word, *REFLEX*—incidence, reflection, appropriate combination, and destination! And how devoid of all meaning are the words afferent and efferent, not very modestly attempted to be substituted for it!

I beg my reader to study and compare the physiological movements in the acts of inspiration, with their pathological forms in asphyxia; the first are reflex, normal and beautifully appropriate; the second are, in every respect, abnormal and deranged.

My opponents are much disposed to speak of the class of reflex actions, in general terms, as known to Redi, Whytt, &c. This is another ill-chosen but deceptive phrase. The reflex *actions*, as I have always said, were spoken of by many previous physiologists; but the phrase I have adopted from the very beginning—for the very title of my first paper—was reflex *FUNCTION*; and this expression, with its fulness of meaning, as applied to all the acts of ingestion and of egestion in the animal economy, had been used, could have been used, by no one; for as the idea of an incident excitator nerve, with its physiological relations, did not exist in anatomy, so the idea of a reflex function, with its anatomical relations, did not exist in physiology.—*London Lancet*.

#### THE URINE AND URINARY DISEASES.

[THE following notice of a little work, entitled, “*Lectures on the Urine, and on the Pathology, Diagnosis and Treatment of Urinary Diseases,*” by Dr. John Aldridge, of Dublin, is from the last No. of the *Dublin Medical Journal*. It relates to a subject that is assuming no small share of importance among medical men.]

There is probably no fluid which has received so great a share of attention from physicians and chemists as the urine; the former endeavoring by its assistance to characterize certain diseases, producing in it either chemical or physical changes; and the latter endeavoring to separate from a complex liquid the proximate principles peculiar to organization, whether healthy or diseased. The analysis of urine forms an early epoch in the history of animal chemistry; and from the first experiments of Rouelle and Scheele, to the later researches of Simon and Liebig, every chemist of celebrity has added his contribution to the progressive elimination of its constituents; and yet, notwithstanding the rapid improvements in the apparatus for, and processes of organic chemistry, the perfect enunciation of the composition of this liquid is still a desideratum, and in the language of the most laborious of experimenters, Berzelius, “a complete analysis of urine has yet to be performed.” Sufficient, however, is now known, both of its regular and abnormal constitution, to warrant us in drawing inferences and deducing practical rules for the medical practitioner; and it is to facilitate the study and

diagnosis of urinary diseases that our author has published this little work, which is a collection of his lectures, which have already appeared in the Dublin Hospital Gazette, and of some papers which appeared in the former series of the Dublin Medical Journal; the whole forming an abstract of what is of importance to be known on this subject, along with some peculiar views of his own. The matter is clearly and concisely arranged, and we strongly recommend the perusal of the work to all our readers, as its value depends not only on its chemical but its pathological research and observation.

In giving the constitution of healthy urine, as the starting point, Berzelius's analysis has been selected. This we regret, because it does not deal fairly with either chemistry or physic to present us with an analysis made thirty-seven years since, when manipulation was imperfect, and which analysis has served its turn by appearing in every essay and system of physiology and chemistry from that time since; and also because it never represented healthy urine; its specific gravity was undetermined; it deposited a cloud shortly after being passed, and with the exception of one set of experiments (Lehmann's), the quantity of solid matter is double the amount given by all the later analyses. Numerous analyses have been put forth lately by Marchand, Simon, Lehmann, Lecann and others, from which our author might, we think, have selected more advantageously; but it is quite possible, that Dr. Aldridge may not attach the same value to these analyses as to the older ones of the great father of analytical chemistry.

For comparison sake, we present the mean of six analyses of healthy urine by Simon, from which it will at once be seen how much lower are the proportions than that of Berzelius.

Spec. gravity, 1,022.5

|              |           |     |                         |           |       |
|--------------|-----------|-----|-------------------------|-----------|-------|
| Water        | - - - - - | 961 | Urea                    | - - - - - | 16.60 |
| Solid matter | - - - - - | 39  | Uric acid               | - - - - - | 0.61  |
|              |           | —   | Fixed salts             | - - - - - | 8.27  |
|              |           |     | Organic matter and loss | -         | 12.07 |

The fixed salts were chlorine, sulphuric and phosphoric acids, potash, soda, lime and magnesia.

The constitution of the organic or extractive matters of the urine is involved in obscurity; as yet, according to Dr. Aldridge, a portion is soluble in alcohol, and yields by fermentation, acetic acid, while the portion insoluble in that menstruum does not yield by fermentation any acetic acid. The soluble portion he believes to be an azotized substance, with a body analogous to sugar or dextrine; and he leans to the opinion that a form of sugar is present in healthy urine; and a few of Bouchardat's observations tend to the same conclusion.

Our author's directions for testing and examining urine we look upon as most judicious, and leading to delicate results, and a great desideratum to men in practice, whose attention has been little drawn to a subject which formed no part of their curriculum of education. The determination of the specific gravity of urine should be the first matter, as much informa-



tion is gained therefrom, and the proper course of investigation pointed out. The connection between density and quantity of solid matter is intimate, and may be deduced by Christison's formula, which is given at page 8, thus :

"Dr. Christison has calculated, that for every unit added to the density of water, taken as 1000, the quantity of solids in solution is equal to 2.33. Thus, if the specific gravity of a specimen of urine be 1010, we can find the amount of solid matter in solution by the following equation :—

$$2.33 + 10 = 23.30$$

If the density be 1020,

$$2.33 + 20 = 46.60$$

will afford you the sum of solid constituents."

This mode is much more correct than Becquerel's, in which the solid matters were always over-estimated.

For testing the presence of sugar, Dr. Aldridge recommends Moore's plan of boiling the urine with an equal volume of water of potash ; if sugar be present, the liquor will assume a deep porter or beer color in proportion to the quantity. The simplicity and facility of applying this test are, we believe, its recommendations ; for we do not look upon it as equal in delicacy to Trommer's test, which consists in evaporating urine, and treating the syrupy residue with anhydrous alcohol ; dry carbonate of potass is then added, the solution agitated, and the layer of alkali allowed to subside ; a solution of sulphate of copper is added to the liquid, and heat applied ; if sugar be present, a yellow or yellowish brown turbidity is produced. The deposits in urine, so troublesome generally to distinguish, are easily so by the microscope, and the characters of each sediment are concisely given in this work.

The pages devoted to pathology are full of interest. We give the following passage from p. 52.

"I have told you that the urinary conduits are lined by epithelium ; it is together with this epithelium, itself an albuminous exudation, that the solid elements of the urine permeate through the walls of the capillaries, which form the interior plexus ; and it is from between the scales of the epithelium that these solid constituents are washed out by the watery current flowing from the Malpighian glandules. There is a disease, however, in which the albuminous element of the blood no longer exudes to form solid scales of epithelium, but continues liquid after its secretion, and dissolves in the water of the urine, or becomes organized into plastic lymph corpuscles, and either chokes up the trajet of the conduit, whose form they collectively assume, and presents to the eye the appearance of whitish or yellowish granulations, mottling the cortical substance, distending it, and thus producing pressure upon the tubuli uriniferi, which in time become absorbed, or, as frequently occurs at the commencement of the disease, distinct tubes of false membrane, miniature analogues of those sometimes expectorated in croup, are separated from the conduits and discharged with the urine. This is the form of renal disease usually named after Dr. Bright, and to which so much interest has been latterly attached."

There are some pathological views of disease, peculiar to our author, scattered through the book, which our limits do not allow us to enter upon. Under the lecture on treatment, oxalate of lime deposit is noticed, and the proper treatment pointed out. It is a symptom or change in the urine, more frequently occurring than was suspected, and has been often treated as gleet or prostatic disease, of course inefficaciously.

We again strongly recommend the perusal of this little work to all those who wish to treat an obscure class of afflictions, not upon mere symptoms, but on sound pathology, and the ordinary principles of therapeutics: and we congratulate our fellow-countryman on the additions which he has made to this most necessary department of practical medicine.

#### ARTIFICIAL SOMNAMBULISM IN PENNSYLVANIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have recently received from Dr. Fahnestock, of Lancaster, Penn., the following communication designed for publication in the New York Journal of Medicine and the Collateral Sciences. As the next No. of my Journal does not appear until November, and as its pages are already engaged, I have thought I should best subserve the views of the writer, by causing its publication at an earlier date, and I therefore, with Dr. Fahnestock's consent, send it to you for that purpose. Dr. Fahnestock is well and favorably known to the profession in this country, from his surgical inventions, and able communications in the American Journal of the Medical Sciences, and other valuable publications.

Respectfully yours, CHARLES A. LEE,  
New York, Sept. 8th, 1846. *Ed. N. Y. Jour. of Medicine.*

*Lancaster, August 24th, 1846.*

MR. EDITOR.—Dear Sir,—I send you a communication for your valuable Medical Journal—and as the case detailed is a novel one, some explanations may be necessary. My general views of the science with which it is connected, viz., artificial somnambulism (heretofore called mesmerism or animal magnetism) are given below; and it will be only necessary to add, that in making this communication to the world, I have acted from a sense of duty to the human family at large. I am well aware that there is still an infinite degree of prejudice in most minds against this greatly misrepresented science—but I can assure you that it is only excusable in the uninformed, who have not had a true exposition of the facts. I would, therefore, through the medium of your Journal, call the *serious attention* of the medical faculty to the facts below stated, which I am at any time willing to seal with my reputation.

*Case of Mrs. ———, delivered of a son while in a state of artificial somnambulism, without pain to herself or injury to the child.*—Before I enter upon the detail of this case, it will be necessary to make some preparatory remarks, which will embrace my views of the peculiar state or condition which has heretofore been denominated mesmerism, or

animal magnetism. It will, however, be impossible to enter here into a history of the state, or to speak of the many absurdities which have been attached to it by the friends of the science ; or to attempt an exposition of the odium and ridicule so lavishly bestowed upon it by the unsparing hands of its enemies. For these, and for a complete treatise upon the various phenomena belonging to the state, its production, its uses, and its importance in the philosophy of mind, I must refer the reader to my work upon the subject, which is now ready for publication.

It will be sufficient at this time to state :—

1. That I consider this condition to be identical with somnambulism, differing only in the manner in which it is produced ; somnambulism being the natural state, and this the artificial.

2. That this state is independent of magnetism, electricity, galvanism, sympathy, a nervous fluid, or anything of the kind.

3. That subjects are at all times independent of the so-called operator, in every sense of the word, when they are acquainted with the true nature of the state before they enter it.

4. That it is possible for *any persons* to throw themselves into, or out of, the state, even in an instant, when they have been taught how to effect it.

5. That subjects can be taught to throw, themselves, into this state, a single finger, a hand, an arm, or any part of the body, independent of the rest, by an act of their own will, at any time they may please, and relieve themselves at pleasure !

I have taught hundreds to do so—but it may not always be prudent for them to enter the state independent of an instructor—for *some*, upon entering the condition for the *first time*, become unconscious of all that is passing around them ; and if such persons were to throw themselves into it independent of any one, and had not consented or made up their minds before entering it, to hear or to speak to some one, it is most likely that when in it, and spoken to, they would not hear any one ; and in all probability would sleep for a longer or shorter time, without doing anything, and when they did awake would remember nothing, and scarcely know that they had been in it at all. Or they might get up and wander about, as is sometimes done by natural somnambulists, and unknowingly get into difficulties or meet with some accident, which might not be very agreeable when they awoke. It is, therefore, always better for those who wish to enter it, to place themselves under the care of some one ; and he who understands the nature of the state best, and has had the most experience in its management, is the best calculated for this purpose. When they have entered the state frequently, and have had the proper instructions while in it, the case is very different ; they are then able to move about with as much certainty and safety as if they were awake.

6. That when in this state they can hear, see, smell, taste, feel, &c., as well as when awake, whenever they are so disposed ; or they can hear or not, see or not, smell or not, taste or not, feel or not, contrary to the will of any one, whenever they may think proper.



7. That they cannot be made to do anything they are not willing to assent to, and are as much themselves as when awake.

These general views are conclusions drawn from facts gathered from upwards of a thousand cases under my immediate care. For a full exposition of my views, however, I must refer the reader to my work or lectures upon this subject.

CASE.—On the 5th of March, 1846, I was called upon to attend this lady in her fourth labor. I found her suffering severe labor pains, which were then fifteen or twenty minutes apart—the mouth of the uterus being rigid and but slightly dilated. Soon after I arrived, by my directions she threw herself into the somnambulic state in a few seconds—and remained in the state about two hours, having during that time regular contractions of the uterus every fifteen minutes without feeling pain—the mouth of the uterus gradually dilating as the head of the child was forced into the pelvis. At the end of that time, as she thought there was no likelihood of a speedy delivery, she threw herself out of the state, and remained awake about two hours, having similar pains at like intervals. At the end of this time the pains became more frequent—she then threw herself into the state again, and as the contractions of the uterus were now more frequent, she made several experiments to ascertain her powers of feeling a pain or not, whenever she pleased, with perfect success.

She, being clairvoyant, then threw her mind to a distance, and while engaged looking at various objects of interest, passed through the rest of her labor without feeling the least pain—even the last and severe contractions of the uterus gave her no pain whatever. She was delivered of a large male child, about half an hour after she entered the state the second time. After the child was born, and the placenta was about being removed, considerable hemorrhage ensued—but was immediately arrested by frictions with the hand over the region of the uterus, until the contractions were renewed and the placenta expelled. The frictions over the uterus, which were necessary in this case to renew its contractions, gave her no pain whatever. The same, under ordinary circumstances, every physician knows full well, are scarcely to be endured.

About two years anterior to the above date, the above lady passed through the latter part of her labor in the same way, and is the eighth person who has done so under my care since that time.

When patients pass through labor while in this state, I have always found that they not only escape the pains, and have more strength during labor, but that the usual soreness, debility, &c., is not experienced by them when they awake; consequently, they are enabled to sit up and attend to their usual occupations much sooner than under ordinary circumstances; and I believe that all who may hereafter pass through this critical period while in this state, will also be—as these were—less subjected to diseases, &c., which are consequent upon delivery. I can, therefore, conceive of no better method of passing through parturition than this, and unhesitatingly recommend it to all—and more particularly to those who have had, or are likely to experience, much difficulty in their delivery.

The lady whose case I have just related, in her two first deliveries had

very protracted and difficult labors—and soon after her second confinement was suddenly seized with blindness of one eye; shortly after, the other also became affected; at the same time that she gradually lost the power of motion in her lower extremities, and was unable at the end of two years to move a limb, although the most skilful physicians had been employed during that period without effect. She was entirely restored soon after, in a short time under proper instructions, while in a state of artificial somnambulism—her sight and the use of her limbs returning simultaneously. She has, since her recovery, passed through her confinements with impunity while in the same state.

I deem this statement of facts due to suffering humanity, and hope that a science, so momentous in itself, will be hereafter properly studied and scientifically applied by the medical profession at large. The time has come when prejudice and false medical dignity must yield to facts. I, for one, feel prepared to do battle for the truth, and stem the current of future ridicule.

In conclusion, I would here briefly remark, that it is always better for those who are anxious to pass through labor while in a somnambulant state, to practise the art of entering it before the time for delivery arrives. This should be done under competent instructions until they have acquired the power of throwing themselves into the state at pleasure. I have had several, however, do so while in labor, who had never been in the state anterior to that time—yet it is always better, and more easily accomplished, when they have acquired the art before, which should always be done when in their power.

WM. B. FAHNESTOCK, M.D.

[As the case above related by Dr. F. was of so remarkable a character, I requested him to furnish such corroborative references or statements, as the profession would expect, where such extraordinary occurrences were detailed, adding also some queries relating to the subject; to which I have received the following answers.—*Ed. New York Journal Med.*]

*Lancaster, Sept. 7th, 1846.*

MR. EDITOR,—My Dear Sir,—I received yours of the 29th of August, and would have replied to it sooner if I had not been anxious to give you all the evidence and satisfaction in my power. You can scarcely imagine the difficulty I have always experienced in obtaining corroborative evidence from those who are interested in this science. It is almost impossible to get one out of a thousand *or more*, who have been in this state under my care, to come before the public in any way. The ungentlemanly behavior of most sceptical persons towards subjects, has been the cause of all this difficulty, and they (the subjects) are unwilling to have their motives doubted, or to become a mark for the ridicule of those who frequently oppose matters of this kind, to gratify their own vanity—no matter how shallow and inconsiderate that arrogance may be. Were it not for this, I could give you case after case, and proof upon proof, that would fill a volume. As it is, I must do the best I can.

Since I received your letter, I visited the lady whose case I gave in my communication, and have obtained a reluctant consent to let her name go

forth to the world along with my description of her case. Her name is Mrs. Susan Herr, wife of Mr. Christian Herr, of Lampeter township, Lancaster county. She is a lady of exemplary character, and generally known throughout that section of country.

I have written to Newark, Delaware, where I delivered a course of *private lectures*, last fall, and had taught a physician of that place to throw himself into the somnambule state. On one occasion he threw himself into the state before all the students in college, and had a tooth extracted—a very difficult operation, requiring the screw and many applications of forceps and other instruments. Under ordinary circumstances the pain (which the many *necessary* operations must have occasioned) I am convinced could not have been borne. When he awoke himself, he declared, before all the students, that he did not experience the least pain. The students present, I have no doubt, would testify to the truth of my remarks. I hope the doctor will consent to let me make use of his name. As soon as I hear from him, I will let you know the result.

I have also written to York, Pa., where by my instructions a physician of that place was enabled to throw his arm into the state at pleasure, independent of the rest of his body. I have not heard from him for some time, and cannot tell what progress he has made, but presume that he has at least applied it in his practice. The result of my inquiry will also be communicated to you as soon as I hear from him.

When I first began to investigate this subject, now about five years ago, the principal physicians of this place set their faces against it—and have not given much attention to the matter since. They have therefore not been present at any of my operations.

To answer all the questions which you have been pleased to put, as I should desire, would fill a volume, and I am fearful that it will be impossible to do justice to the subject in the brief space of a letter. You have asked me how persons are taught to throw themselves into this state? It would afford me great pleasure to give you this information perfectly, and I could do so in a short time if I were with you; but to do so upon paper I find cannot well be done, as the manner is often varied to suit the disposition of the subject. I will, however, endeavor to give you a general idea.

When persons are desirous of entering the state, I place them upon a chair where they may be at perfect ease. I then request them to close the eyes at once, and to remain perfectly calm, at the same time that they let the body lie perfectly still and relaxed. They are next instructed to throw their minds to some familiar place—it matters not where, so that they have been there before, and seem desirous of going there again even in thought. When they have thrown the mind to the place, or upon the desired object, I endeavor by speaking to them frequently to keep their mind upon it; viz., I usually request them to place themselves (in thought) close to the object they are endeavoring to see, as if they were really there, and urge them to keep the mind steady, or to form an image or picture of it in their mind, which they must then endeavor to see.



This must be persevered in for some time, and when they tire of one thing, or see nothing, they must be directed to others successively as above directed, until clairvoyance is induced. When this has been effected, the rest of the senses fall into the state at once or by slow degrees, often one after another as they are exercised—or sometimes only one during the first sitting. If their attention is divided, the difficulty of entering the state perfectly will be much increased, and the powers of each sense will be in proportion as that division is much or little. Almost every subject requires peculiar management, which can only be learned by experience or a knowledge of their character, &c. &c. Much patience and perseverance is often required to effect it; but if both be sufficiently exercised, the result will always be satisfactory—if not in one sitting, in *two or more*. I have succeeded in getting some into the state after twenty unsuccessful trials. There would, therefore, seem to be no limits to the possibility of entering this condition. This may be considered a direct answer to your question of “What proportion of persons are susceptible to mesmeric influence?”

To teach persons how to enter this state themselves, generally requires several lessons, or sittings, and the manner is varied to suit the individual. As a general rule, before they awake they must be requested to remember what they have seen, and what has taken place, &c., while they are in the state, or they will know nothing about it when they awake. They must be taught to know by practice when they are in the state, and how to awake when they are in it. To effect this, all that is necessary is to get them ready to do so, and they will awake in an instant, or at any time they set apart after making a resolution to do so. A knowledge of the true nature of the state and their powers therein, soon enables them to throw themselves into or out of the state at pleasure.

Clairvoyance is a subject which I would much rather not drag before the public; not because it is untrue, but so little understood, and seems to make all other things connected with it border on the marvellous. You have asked me whether I have ever had any positive proof of such a condition? In the same spirit of candor, I reply that I have, and could give you a thousand proofs. Yet it is not always infallible; that is, subjects do not always tell correctly. Their not seeing truly sometimes, is owing to their own imagination; because when persons are in a state of somnambulism, they can see what they imagine, as well as they can that which really exists, and therefore, if they are not very careful to look before they imagine, they may see falsely respecting what existed, but yet truly what they imagined. It is very difficult to tell when they do the one and when the other, and it is yet to be learned whether cultivation will produce perfection. I am inclined to believe that practice will much improve it, and have always observed that when the subjects were themselves interested in looking, the result was always more satisfactory; showing that it requires that they should not only guard against their imagination, but that it also requires their whole attention to see correctly. If they are indifferent or unwilling to look, their answers cannot be depended upon.

The extent to which I have employed somnambulism in diseases has been very considerable; but the state itself, or the mere being in that state, will produce no relief, if the mind of the subject is not made sensible of the fact, and placed upon the disease. This is an important point, and accounts for the many failures which have heretofore occurred. It is always necessary to get the patient to fix his mind upon his disease, and to make a resolution while in the state that it shall cease to exist when he awakes, &c. It is no matter whether the patient does this of his own accord, or by the advice of an instructor, so that it has been done properly. The effect will be the same, and always in proportion to the determination, &c., he may have exercised.

A very happy illustration of this fact took place last winter while I was in the city of Philadelphia. Dr. Childs, of that place, had been endeavoring to effect a cure in the case of a young lady whose foot (I think from some disease), was drawn or thrown completely round, in a direction precisely opposite to the natural condition of that member. He had been operating in the usual method for some time before I visited the city. He attended a course of my *private lectures*, which were delivered in Dr. Noble's parlors, where he stated the young lady's case to me, and requested to know whether I could suggest anything for her relief. I at once told him that if he would abandon the old method and divert her mind to the foot, and get her to make a resolution while in the state that the foot should assume and keep a natural position when she awoke, he could effect it in five minutes. On the following day he succeeded in getting her to do so, and brought the young lady round to Dr. Noble's the same evening, perfectly restored. She was then able to keep the foot in its natural position, and during the evening walked and ran about as well as ever, a blessing which she had been unable to exercise for a long time before. I have no doubt that Drs. Childs and Noble will take pleasure in confirming my statement. The case was notorious in that part of the city, and the cure by many was considered scarcely short of a miracle.

The diseases to which I have applied this matter are numerous. Those that are painful or of a nervous character, where there is no mechanical obstruction or organic destruction, are usually relieved in a short time, often at one sitting. Pain is always relieved as soon as the state is entered perfectly, and the mind directed to something else. Diseases from debility, contracted habits, melancholy, &c. &c., are often relieved in a short time.

I have performed most of the minor surgical operations upon persons while in this state, without inflicting pain. To do this, however, with the least possible chance of their feeling pain, it is necessary to divert the mind of the patients by directing them to look or listen to something at a distance, &c., until the operation be completed. If the mind of the patient cannot be directed, or after being cast away should be brought back again, they may then feel pain as well as when awake. This is particularly the case with some; others, however, who have practised the art more perfectly, have the power of feeling or not, whenever they please. Some will throw an arm or a finger, &c., only, into the state, and prick

or cut it with impunity, at the same time that they are awake in every other respect. But this is an endless subject, and I find that it will be impossible to give you more than an indistinct idea of its peculiarities or of its importance, short of a distinct article upon the various phenomena, &c., belonging to the state.

Very respectfully yours,

WM. B. FAHNESTOCK.

*Lancaster, Sept. 10th, 1846.*

MR. EDITOR.—Dear Sir,—I take pleasure in referring you to Dr. W. H. Kilgore, of York, Pa., as the physician to whom I referred in my last letter. In answer to a letter which I addressed him, he has stated several cases of interest, and in speaking of his own powers, he writes—“I am still able to put my arm into the state as I did when you were here—but, strange to say, I cannot do so with any other part of my body; why it is, I cannot say.”

You have here at least a confirmation of what I communicated in my last letter. His not being able to effect it in any other part of his body arises either from not following the instructions imparted to him, or a want of confidence in his powers. If he were to observe how he effects it in the arm, by pursuing the same plan with any other part of the body he would soon learn to accomplish it very readily.

In my letter to the doctor I requested him to give me the history of a case, which I feel much interested in. In answer, he simply says—“I have not seen Miss Koons (the little girl you speak of) for some time. When last I saw her, she could put her arm into and out of the state at pleasure.” He promises, however, to furnish me with a history of her case soon. In relating the operations which he has performed, he writes—“I have extracted a great many teeth, and will give you a history of those which are most distinctly before my recollection.

“Miss Fisher, the lady at Mr. Morris’s, for whom you extracted a tooth the first time you were here, called upon me and requested me to extract a tooth as you had done—stating, at the same time, that Mrs. Morris and a Mrs. Myers, from Gettysburg, requested that the operation should be performed at the residence of Mr. Morris. I told her that I would attend in half an hour. When I arrived she was already in the state—and having directed her mind to her father’s family, living in Ohio, I extracted the tooth without her showing the least symptom of pain—but rather of pleasure, for just as the tooth was rising from its socket, she laughed aloud. On my asking her what was wrong, she said she was so glad to see her father. When she awoke we could not persuade her the tooth was out until we had shown it to her. On being asked by Mrs. Myers to say positively if she had felt any pain, she declared before us all that she had not, and that she knew nothing about it. Mrs. Morris remarked, if it was not true, it would be the first time she ever knew Caroline to tell an untruth.

“Another case, of Mrs. C., who had long suffered from pain in a tooth which she was very anxious to have out; but owing to her teeth being very hard to extract, and always suffering so much after from hemor-



rhage and suppuration of the gums, she dreaded the operation—and to add to her misfortune, she was in her seventh month of pregnancy. But the pain became so severe that she had no rest day nor night. She spoke to Mrs. Kilgore, asking her if I could under the circumstances extract her tooth with safety, who unhesitatingly advised her to try. She then spoke to me, and I told her we could soon try, but I feared that her agitated state of mind would prevent her going into the state. She however was anxious to try the experiment, but made me first promise not to extract the tooth the first time she was in the state. Having sat with her about twenty minutes, she entered the state perfectly. I was then sorry I had made the promise not to take the tooth out, but so it was. I then asked her if I might take it out. She said no, you will hurt me—but I will come over to-morrow and again sleep, when you may extract it. I asked her if she could go into the state to-morrow? She replied, she could any time she wished after this. I then awoke her, and asked her if she remembered our conversation. She said she did not. When I told her, she said she would try and have her tooth out to-morrow, but was still fearful that she would feel pain. The next day she came, and after sitting ten minutes she fell into the state very soundly. I then proceeded to extract the tooth, which was the hindmost molar above, and very fast indeed; but with a firm grasp of the forceps and all the strength of my arm, it came out without her having any knowledge of it whatever. I then gave her some water, and after rinsing, I asked her if she would let me take out her tooth. She replied, No! her teeth were hard to extract, and it did not pain her at the time. I then told her that she should resolve or promise me that she would have no more pain in her gums, nor soreness of any kind. She promised she would not. When I awoke her, to her utmost astonishment she found her tooth was out. One week after, she told me she never felt the least pain of any kind after the tooth was out—and it was the only one, out of five extracted, that she had not suffered for one week after.

“The most interesting case I have ever had, was that of a young lady who came to me and wished me to put her to sleep (as she termed it) and extract a tooth, which I did without any difficulty. She returned in three days after, asking me to extract the root of another, the top of which was below the surface of the gum. On examining it, I found there were two roots, but decayed so much that they were separated from each other. I sat her down, and in a very short time she was in the state, when I commenced the operation, and after cutting the gum very deeply, I tried a small pair of forceps, but found I could not get hold of it. I again took the lancet to the gums, and after a second attempt succeeded in getting hold of the longest and extracted it; but the other was still in, and deeper in the gum. On account of the blood and the state of the gums, it was impossible to see the root, but I could feel it with an instrument. I had a pair of long and very small forceps, which I used, but without success. After all my attempts of more than five minutes, I concluded to wake her, and at some other time try it again—but having thought of a little instrument I had with a sharp point, I went down

stairs and got it, and after some minutes of gouging and levering raised it up so far as to take hold of it with the forceps, and out it came, to the astonishment of myself and Mr. T. T. Cochran, who was in the room at the time, and kept his eye very closely upon her. He said then, and will yet say, she never moved more than if she had been enjoying the most sound and natural sleep. She, after waking, said she did not feel the least pain, and did not know that I had been taking out her tooth."

In concluding this letter, the doctor remarks: "You can refer any one to me for any information I am able to give, and I can furnish proof of what I have asserted, at any time."

I have extracted the above minutely-detailed cases, to prove other assertions which I made in my letters to you. Were it necessary, I could furnish you with many of my own which are even more interesting.

The subject is an extensive one, and I fear that I have as yet but given you a very imperfect idea of its importance, not only as a remedial agent and preventive, but as a means of evading the consequent effects, not only of surgical operations, but of many affections, &c., which sometimes harass individuals through life.

I will here, still further to illustrate my views, extract from my work upon this subject, the concluding remarks upon operations, &c.

"The ability to throw any part of the body into this state, is extremely useful in cases of injury, &c., when the subject at will, by doing this, can relieve himself from pain which he otherwise would be obliged to suffer, until a physician or surgeon could be obtained, and the limb or part set and dressed according to the nature of the injury, &c., sustained. After an operation (or where an injury has been sustained), I always request the patient (while in the state), to wake up *with the exception of the affected part*, so that no pain may be experienced during the time necessary for its complete restoration. I shall conclude my remarks upon this interesting subject by saying, that in operating upon subjects while in this state, *it is not only* beneficial because the patient is not subjected to the pain usually experienced while under severe operations, but because the system under such circumstances receives no shock, the effects of which, every surgeon is fully aware, are more to be dreaded in their recovery than anything else. It is, therefore, self-evident that when a patient has passed through an operation without pain or a shock to his nervous system, his recovery must be more sudden, pleasant and certain, than when he has not only suffered the pain and the shock, but must necessarily feel the consequent irritation, &c., resulting on all such occasions."

I have not yet heard from Dr. ———, of Newark, Del. As soon as I do so, I will communicate the result.

Very respectfully yours,

WM. B. FAHNESTOCK.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 7, 1846.
 

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*Hand Writing of Physicians.*—As a fraternity, medical men are proverbial for their bad writing. No wonder the apothecaries cry out in their distress. There is a reason for their complaint, which is well expressed in the appended protest, cut from the Boston Mercantile Journal. Some of the manuscripts sent to us would puzzle Mr. Bristow, the chirographical professor, to determine whether they were written in English, Chinese, or Cherokee. Ludicrous, and sometimes grave mistakes, grow out of the impossibility of deciding upon the true meaning of scrawls—and the patient compositors, in printing offices, as a general rule, had rather take anything from a physician than his writing. Some unquestionably affect a shocking penmanship because it is a kind of mark of superiority—all great men, as it is generally understood, being careless in that respect. The following is the quotation alluded to.

“The style in which physicians’ recipes are frequently written, demands attention; and I know of no better way to attract attention to the matter than through the press; and I hope the press generally will see fit to copy this article, for the benefit of the public. What I refer to, is the illegibility of prescriptions. Sometimes it is almost impossible for the most thoroughly practised apothecary to decipher a recipe; it is so badly written that there is great danger sometimes of mistaking one article for another; in which case life may be hazarded or destroyed.

“The community make apothecaries responsible for mistakes; a single one may blast his reputation, and consequently his business; more than this, a life may be sacrificed. And it is right that the apothecary should feel the full weight of his responsibility; for mishaps of this kind are no trivial affairs. But another may have a more weighty responsibility than the apothecary. The physician who writes so bad a recipe as to endanger a mistake, is more culpable than the druggist. Indeed a mistake might easily occur out of some prescriptions which have come under the observation of the writer of this article, where the whole blame should lie on the physician. I have seen, for instance, the word *ipecac.* so badly written that it was almost impossible to distinguish it from *opii*; and *vice versa*; where no one, perhaps, but the most experienced individual, could judge which was intended, and that not by the writing but from the nature of the recipe in which it was connected.

“Now these things ought not to be suffered; too heavy consequences are involved. A physician who cannot write, should not be allowed to practise; he should never be countenanced, either by the faculty or the community. He is tampering with life; he is destroying the lives of his patients and blasting the good character of the apothecary. *A man, therefore, who cannot write, should not practise*; and a man who can write and only scrawls, should be regarded as committing a criminal offence.

*Medical Graduates of Pennsylvania University.*—An alphabetical catalogue of all those who have received a medical degree in the Univer-



sity of Pennsylvania, from the organization of the medical department in 1768 to April 3d, 1846, making a pamphlet of 120 pages, besides appended matter of some pages more, has been issued. Medical honors were conferred, for the first time in America, June 21, 1768. There is much curious historical detail, in a few words, from the 103d to the 106th page. During the long period mentioned, of seventy-eight years, 5013 had diplomas granted them; viz., 28 received the degree of Bachelor of Medicine, and 4985 that of Doctor of Medicine. It is a singular fact, that only fourteen honorary degrees have been granted in the seventy-eight years, by the University, according to this official document. Some of the smaller medical institutions, whose charters are not soiled by the first impress of age, have conferred upon half a hundred people the honorary doctorates within the age of man!

Some odd kinds of names occur in this memorial of the past, so unlike any to which we are accustomed, that a few specimens are copied. For example: Dollarhide, Lockhead, Pennebaker, Pennepacker, Saltmarsh, Steptoe, Strawbridge, Stringfellow, Wagenseller, Bobo, Turnpenny, and, lastly, Dr. Turnipseed! Twenty-three Browns have graduated, four having the christian name of Thomas; twenty-two Davises, four being William and three Thomas; twenty-four Johnsons, three being Thomas and four William. Ninety-six names have the prefix of Mac. Sixty-two are Smiths, of which four are George, three Isaac, six James, seven John, five Samuel, four Thomas, and nine William—besides twenty-four Dr. Thomases—showing that enough of the same name are engaged in the same profession in the United States, to make as much confusion as that caused by one hundred towns and places in the Union being called Washington.

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*New Medical and Surgical Infirmary.*—The increasing population of Boston demands corresponding charities to meet the necessities of the sick and infirm poor. A conviction that another infirmary was required, especially in the south part of the city, where no institution of the kind has ever existed, to our recollection, has led to the organization of one, which was opened last week, at No. 425 Washington St., opposite Essex St., for the reception of patients. Usually, these medical depots are only open at certain hours, on specified days; but according to the plan of this, it is to be always with an open door at all hours, so that those who are the least able to walk from a remote section of the town, will be certain of finding some one to give them the desired advice. John B. Walker, M.D., takes charge of the department of surgery, on Mondays, Wednesdays and Fridays. All operations will be performed gratuitously, when necessary, and bandages, apparatus, &c., freely given. C. E. Buckingham, M.D., E. H. Clarke, M.D., S. Kneeland, M.D., and W. Henry Thayer, M.D., will in turn be in attendance, in the management of the medical labors. These gentlemen are known to the profession of the city individually, as men of high moral worth, enterprise and industry, and they are deserving of no little commendation for thus early in professional life casting their bread upon the waters.

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*Fecundity in Florida.*—A while since, a statistical paragraph was copied from an exchange Journal, that was quite astonishing on account of

the prolific nature of the females in the northern part of Maine. Below we append a no less surprising account of the fecundity of the South. It so happens that we who occupy the middle ground, sometimes have children, and sometimes not, but on the whole, population is waxing stronger. Such tremendous broods of heirs at law as characterize society north and south of this meridian, are, we believe, unknown in New England.

"Mrs. C., in Florida, has 24 children; 9 sons and 15 daughters. Six of her daughters are married, and one of them has 8 children, another 4, another 2, another 2, and another one. Mrs. S. has 6 daughters married, two of whom have 13 children each, two have 12 each, one has 9, and another 8. Mrs. F. has 14 children, the oldest of whom is only 15 years of age. Mrs. D. has 16 children, Mrs. N. has 23, Mrs. S. 11, Mrs. McC. 14, Mrs. M. 17, Mrs. T. 14. Mrs. G. has 9 children by her first husband, married a widower with 9, and has 9 by second marriage—27 in all."

*Death of Benjamin Waterhouse, M.D.*—The death of DR. BENJAMIN WATERHOUSE is announced, at the patriarchal age of 92, at his residence in Cambridge. Although for many years past his age and infirmities have withheld him from the arena of medical affairs, yet during the active part of his life, very few physicians have held a more conspicuous place in the public observation.

Dr. Waterhouse was, we are informed, a native of Rhode Island, from which State he early repaired to Europe, in quest of a better medical education than the opportunities of this country at that time afforded. In London he became a pupil of the celebrated Dr. Fothergill, of whom he afterwards habitually spoke with great admiration, and to whose authority he often appealed in the course of his medical lectures. In 1783, being then a practitioner in Rhode Island, he was invited to assume the Professorship of the Theory and Practice of Medicine in Harvard University. This post he held for nearly thirty years, until the removal of the medical school from Cambridge to Boston. During a part of the same period he delivered an additional course of lectures on Natural History to the undergraduates of the College. Those who had the benefit of attending these lectures, will recollect them as distinguished by the animation of their delivery and the entertaining vivacity of their style. A lecture which he delivered about 1805 to the undergraduates, on the custom of smoking cigars, is supposed to have had great influence in whatever diminution of that practice was consequent on its publication.

Dr. Waterhouse held the pen of a ready writer, and figured as a controversialist and a politician during the exciting period from 1810 to 1815. A series of papers in the Boston Patriot, signed "An Independent Whig," were attributed to him. He was twice married, and the last time to a daughter of Thomas Lee, Esq., of Cambridge. He was an early and decided advocate for the introduction of the practice of vaccination into this country, and always esteemed it one of his proudest laurels that he was designated as the AMERICAN JENNER.

*More Last Words of the St. Louis Medical Controversy.*—An Appendix to the Supplement of the July No. of the St. Louis Medical and Surgical Journal, containing Dr. Forgeaud's reply to Dr. Reyburn, has been

received. These literary missiles fly so thickly of late, that it is no small effort to remember which side we have espoused! Of one fact, however, we are certain, viz., that all well-disposed people will regret that two honest men—members of an honorable profession—should be engaged in a controversy of this kind. Miss Edgeworth relates the story of a man and wife who separated because they could not agree about the length of a straw!

*Progress of Mysticism.*—A communication is in the Journal, the present week, by Dr. Fahnestock, which was received through Dr. Lee, Editor of the New York Medical Journal, who vouches for the respectability of the author. We must be permitted to say, however, that the idea of any man being possessed of such extraordinary ability as the writer represents himself to wield at pleasure, to say nothing of instructing others in the same craft, is to us the *ne plus ultra* of absurdity; and it is only on account of the good standing of Dr. F. as a scientific man and a physician, that his paper is admitted. But notwithstanding all the science he may have brought to bear upon this subject, and his higher pretensions to favorable notice, he must not be offended when we tell him that more strange developments in mesmerism may be purchased and seen in Boston, for a York shilling, than he has dreamed of in his discoveries.

*Medical Miscellany.*—The present is represented to have been the most sickly season in many places at the West, since 1838.—Mr. Whitney had a leg amputated by Dr. Cowles, of Marcellus, N. Y., in Sept, 1844, in such a manner, he contended in a suit before the court recently in session at Syracuse, that he had suffered much pain and loss of time ever since—and therefore he asked for damages. The jury, after being out four hours, returned a verdict in his favor of \$500. What surgeon in New York State, after this and some previous decisions, dare perform an operation?—A woman is said to be living in the city of Moscow, who is 157 years old.—A Mrs. Strutt, in England, swallowed a live wasp, which stung her throat in being forced down, and yet was brought up alive, by an emetic.—The *starving cure* is becoming popular in Germany. The patients are kept from food five or six days at a time, occasionally. In Boston, those undergoing the process, like the horse that lived on shavings, always die on the day they are cured.—Bilious and intermittent fevers have been prevalent in Mobile and the country about.

MARRIED.—In Boston, Dr. Frederick W. Sumner, to Miss S. W. McFarland.—Henry C. Preston, M.D., of Hartford, Ct., to Miss L. Green.—Jeremiah King, M.D., of Norwich, Ct., to Miss J. A. K. Ladd.—At Troy, N. Y., Charles E. Bainbridge, M.D., to Miss S. F. Taft.—Dr. George W. Pratt, of Corning, N. J., to Miss H. M. Hoyt.

DIED.—At Cambridge, Mass., Dr. Benjamin Waterhouse, 92.—In Wheeling, Virg., Dr. Staunton, by suicide.—In St. Louis, Dr. William J. Welch.—At Nauvoo, the Mormon city, Dr. Greiger.

*Report of Deaths in Boston*—for the week ending Oct. 3rd, 45.—Males, 20, females, 25. Stillborn, 7. Of consumption, 6—dropsy, 2—dysentery, 2—typhus fever, 2—old age, 2—convulsions, 3—hooping cough, 2—disease of the chest, 1—cholera infantum, 1—dropsy on the brain, 2—slow fever, 1—child-bed, 1—marasmus, 1—lung fever, 2—disease of the kidneys, 2—disease of the heart, 1—sudden, 1—bilious fever, 1—disease of the bowels, 5—drowned, 1—measles, 1—infantile, 2—asthma, 1—teething, 1—croup, 1.

Under 5 years, 21—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 2—over 60 years, 6.



*Electro-magnetism as a Remedial Agent.*—Dr. Prosch, of Hamburgh, has applied the electro-magnet in a variety of nervous affections and disorders of the muscles. He gives the result of his treatment in 53 cases. The average duration of the sittings was 15 minutes. The following table presents a condensed view of the cases referred to.

| DISEASES.                                                                | Duration of Disease. | No. Treated. | Cures. | Much improved. | Not cured. | No. times electrified. |
|--------------------------------------------------------------------------|----------------------|--------------|--------|----------------|------------|------------------------|
| False Ankylosis, - - - - -                                               | Sever'l mos          | 1            |        | 1              |            | 12                     |
| Atrophy of Limbs, - - - - -                                              | Congenital           | 2            |        | 2              |            | 74 and 25              |
| Peculiar Disorder of Vision, - - - - -                                   | "                    | 1            |        | 1              |            | 10                     |
| " " Speech, - - - - -                                                    | 10 years             | 1            |        | 1              |            | 17                     |
| Stammering, - - - - -                                                    | Congenital           | 1            |        | 1              |            | 9                      |
| Deafness, - - - - -                                                      | Many years           | 2            | 1      |                | 2          | 20 and 50              |
| Peculiar Sensitiveness of Face, - - - - -                                | 5 years              | 1            | 1      |                |            | 25                     |
| Anæsthesia of Skin, - - - - -                                            | 1 year               | 1            |        | 1              |            | 16                     |
| Feeling of Dryness in Mouth and Weakness of Buccinator Muscle, - - - - - | Sever'l wks          | 1            | 1      |                |            | 9                      |
| Cramp proceeding from Nerve Vagus, - - - - -                             | For years            | 1            |        | 1              |            | 12                     |
| Pain of Face, - - - - -                                                  | 4 and 4 y'rs         | 3            |        | 2              | 1          | 3-16                   |
| Twitchings of Neck and Face, - - - - -                                   | For years            | 2            |        | 2              |            | 20-74                  |
| Cramp in Writing, - - - - -                                              | 1½ years             | 1            |        | 1              |            | 33                     |
| Weakness and Trembling of Hand in writing, - - - - -                     | 3 months             | 1            |        | 1              |            | 13                     |
| Trembling of Arms, - - - - -                                             | 3 years              | 1            |        | 1              |            | 12                     |
| Weakness of Arms, after fall, blow, &c - - - - -                         | Over a year          | 4            | 1      | 2              | 1          | 9-27                   |
| Peculiar Tingling of Arm, - - - - -                                      | 7 months             | 1            |        | 1              |            | 26                     |
| Rheumatism of Muscle and Facia, - - - - -                                | Various              | 11           | 7      | 3              | 1          | 2-56                   |
| " " Knee, - - - - -                                                      | Months               | 1            |        | 1              |            | 16                     |
| Rheumatic Contraction of Hip Joint, - - - - -                            | For years            | 3            |        | 3              |            | 4-13                   |
| " Pain in Hip, - - - - -                                                 | 1 year               | 2            | 1      | 1              | 1          | 5-18                   |
| Rheumatic Paralysis, - - - - -                                           | 1 year               | 2            | 1      | 1              |            | 2-41                   |
| Gout, - - - - -                                                          | For years            | 1            |        | 1              |            | 31                     |
| Disease of Skin, - - - - -                                               | For years            | 3            |        | 3              |            | 42-52                  |
| Nocturnal Discharge of Urine, - - - - -                                  | Fr childh'd          | 3            |        | 3              |            | 6-14                   |
| Pain in region of Urethra and Kidney, - - - - -                          | 2 & 5 years          | 2            | 1      | 1              |            | Often.                 |

*Deglutition excited by dashing Cold Water on the Face*—Note addressed to Dr. Marshall Hall.—You will remember my communication to you, in which I described a novel mode of making patients swallow, which you deemed worthy of publication in the *Lancet* (December, 1842, page 437), and, afterwards, in the appendix to your new *Memoirs*, 1843, which I had the honor of illustrating.

On Monday last, the 3rd inst., a further most felicitous illustration of that action occurred to me. A poor creature, who had attempted self-destruction by cutting his throat, was rapidly sinking from loss of blood. His pulse could not be felt, and his heart scarcely; the respiration also was exceedingly slow and feeble. It was desirable to administer stimulants, and his mouth was accordingly filled with spirits and water. But the patient was unconscious, and therefore did not swallow. Cold water was dashed in his face for the purpose of making him swallow, when the contents of the mouth were instantly gulped down. The effect of the stimulant was soon evinced by the state of the circulation. By this application, then, of your discovery, we not only have the means of provoking respiration in the half-asphyxiated, but also of administering stimulants at a moment of vital importance, by exciting deglutition.—*London Lancet*.

THE

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No. 11.

M. VELPEAU'S LATE SURGICAL CASES.

*Report of the principal Cases treated by M. Velpeau, Surgeon to the Hospital "La Charité," from Sept., 1845, to Sept., 1846.*

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I forward to you, for insertion in your Journal, the first of a series of papers on the annual report of M. Velpeau, Surgeon to La Charité Hospital, Paris. The great amount of valuable matter contained in this report, conjoined with the distinguished position of Velpeau among the surgeons of Paris, renders it a paper of exceeding interest to the profession in America. In the hospitals of Paris there is a great opportunity for determining the value of different theories and modes of treatment, and no person is better qualified for this labor than M. Velpeau. This report contains the rationale and mode of treatment of nearly seven hundred cases of important diseases, and may, without question, be said to contain the very best exhibition of modern French surgical practice. Of the character of M. Velpeau as an operator, or of his skill in surgical diagnosis, it is superfluous to make mention, as he is already known in America as the author of the most complete and valuable work on surgery that fills a place in the library of the medical practitioner.

This report, partly taken down in notes, and partly condensed from the report afterwards published in the *Gazette des Hopitaux*, brings all the new ideas of surgical practice complete up to September, 1846. Trusting its length will prove no objection to its insertion in your Journal,

I remain yours,

F. WILLIS FISHER.

*Paris, 16th September, 1846.*

There have entered M. Velpeau's wards, the past year, 846 patients, 168 of whom offered nothing of interest, leaving 678. Of these 678, 423 were males, and 255 were females; the number of males being nearly double that of females. If this were the result in all the hospitals, we should conclude that females were less frequently sick than males, and Velpeau thinks there is a foundation for this opinion. In the hospitals there is a greater proportional number of beds for males than females, and more males than females enter the hospitals, because the greater proportion of males are laborers, who, having no families, enter the hospital as soon as they become sick, and because the females among

the poorer classes have a greater repugnance to entering a hospital. It must also be observed, that each year, like the past, there are more diseases than patients, because many patients present several diseases at once. This consideration has also its importance in enabling us to avoid those errors of judgment into which we might fall when deciding upon the gravity of any disease, the truth of which assertion we shall frequently have occasion to verify.

The different groups of diseases have been divided thus : 163 cases of diseases of the eyes ; 74 of the continuity of the bones ; 72 of the articulations ; 105 diseases of the genital organs (70 of which occurred among males, and 35 among females) ; 48 inflammatory diseases (they would be even more numerous, because they were found with others as a complication) ; 57 phlegmons ; 25 cases of diseases of the lymphatic system ; 40 affections of the anus in the two sexes ; 24 diseases of the mammaræ ; 20 cases of cancer in different regions ; 30 tumors ; 11 burns ; and 6 cases of simple erysipelas (5 of these patients entered the Hospital for erysipelas alone, but there were many more cases complicated with other affections). The number of patients the past year is much smaller than that of previous years. Ordinarily, the number ranges from 1000 to 1200 ; it seldom amounts to less than 900, and sometimes to 1400 and even 1450.

We will first consider the fractures.

There have been 41 fractures among males, and 11 among females, and 4 deaths, two of which were from fracture of the lower jaw. It must not be concluded from this result, that the fracture of the inferior maxillary is extremely dangerous ; we will soon explain the death of these two patients. We notice this year, as in the preceding, two remarkable facts : first, the absence of any unfavorable complication during the treatment of simple fractures ; neither gangrene nor grave accidents have occurred. Secondly, the simplicity of the treatment, which permits the patient with fracture of the leg to walk with crutches as soon as the dressing is applied and completely dry. Hardly any special treatment, such as bloodletting, diet, medicine, &c., has been prescribed, for Velpeau does not think they are needed. The greatest care consists in the application of a well-prepared dressing. Indeed, this application requires some precautions, and by fault of not knowing them one does not gain all the advantages from the treatment that he has a right to expect. Thus, it is indispensable that the compression made by the bandage should be perfectly regular ; that the projections and depressions of the parts should be well protected, and the dressing should be supplied with proper splints, avoiding especially any compression upon osseous projections ; in a word, to maintain the fragments immovable and in apposition. Such are the conditions that the dressing ought to fulfil when properly applied, without fear of any accident being caused by it. If the fracture occupies the leg, the dressing should mount even above the knee, and the foot should be placed at an angle with the limb, in order to prevent any motion of the fragments. The accidents that one would naturally fear, from an immovable dressing, such as pain, swelling, inflammation, gangrene, &c.,



never arise when the bandage is properly applied : on the contrary, as soon as the dressings are applied and are completely dry, the pain is less, because it is principally caused by the motion of the fragments. Almost always, the swelling subsides ; if it existed before the bandages are applied, it is seen at the end of the foot, which takes a peculiar aspect, and subsides as the swelling of the tissues diminishes. This diminution of the swelling as an immediate consequence of the application of the dressing, has been so well verified, that it has been raised as an objection to the use of permanent bandages. We are asked how this bandage can be efficacious, since, when there is swelling, it subsides after its application ? Evidently, if the bandage is too loose it does not insure the immobility of the fragments, and this objection, plausible as it may seem, can be easily refuted. If we reflect upon the disposition of the dressing, we see that the bandage, reaching beyond the knee, prevents by its form the superior end experiencing any movement from above downward ; while the starch bandage, enveloping the foot placed at an angle with the limb, prevents any upward movement of the inferior fragment. It results, then, that although the disappearance of the swelling would prevent the bandage from remaining as exactly applied as at first, yet a derangement of the osseous fragments is impossible, and there remains a state of continued extension and counter-extension. It is understood that the limb is demi-flexed. It is evident that the dressing can be easily re-applied if the relaxation be too great ; it is only necessary to cut the entire bandage with scissors, or moisten it, in order to remove it. If the bandage be applied before the swelling takes place, little or no tumefaction will supervene ; if the swelling has taken place, the bandage will prove the best resolute that can be employed. It is not only in fractures without complications that the immovable bandage presents its real advantages ; it is also used in cases of complicated fractures with no less utility to patients. The immovable bandages are not less valuable for fractures of the thigh, though when used the patients should not be permitted to walk ; consequently the dressing loses a part of its advantages. These bandages are less suited to fractures of the superior limbs, but for the leg particularly their utility is incontestable.

The fractures of the cranium by themselves have not ordinarily given rise to any grave consequences ; it is on account of the lesions which accompany them that serious accidents and fatal terminations occur.

There has been this year an example of fracture of the *os unguis*, with emphysema of the eyelids ; a rare case, and worth remembering.

Fracture of the superior maxillary has been observed once, and was so evident that one could feel the crepitus and easily move the maxillary. These fractures appear grave, but in reality are less so than those of the cranium. In this case the man was well cured, and the jaw became perfectly consolidated.

Of three fractures of the inferior maxillary, two were followed by death. In one of these cases the fracture of the jaw was accompanied with a compound fracture of both thighs ; the patient died of a suppuration of one of the inferior limbs after the fracture of the jaw had united.

In the second the fracture was attended by wounds; a severe inflammation supervened, suppuration followed; and the patient died from purulent infiltration. It is evident that the fracture was not the direct cause of this unfortunate termination; it existed in the middle of the jaw, and would certainly have united with facility, had it not been for this formidable complication. The fractures of the ribs have shown this year, what has been noticed before, that they are easy to heal. One death occurred recently of a poor mason who was bruised by the falling of an enormous stone upon him, producing a compound fracture of the forearm (which was attacked by gangrene), a fracture of the thigh, and an injury also of the thoracic viscera. The fracture of the ribs was not the principal trouble, nor was it the cause of his death. Velpeau says, that fractures of the ribs are generally easy to cure, and insists upon it more particularly, because some surgeons have lately asserted the contrary. They have thought that this kind of fracture demanded particular precautions, and have proposed to cover certain points of the thorax with a great quantity of compresses, with the view of preventing accidents that, according to Velpeau, never occur. The most frequent complication is emphysema, which is not generally very severe, and subsides of itself; but if there are lesions of the viscera or great vessels, the cases are more dangerous.

The fractures of the clavicle, less numerous than ordinarily, have been only four. They have proved these three often-repeated propositions: first, that, contrary to the general opinion, the patients can carry the hand to the head when they have a fractured clavicle; secondly, that the consolidation of the bone demands only from fifteen to twenty-five days, and not six weeks or two months; thirdly, that with all the bandages imaginable, we cannot prevent fracture of the two internal and oblique thirds from leaving a deformity. All the treatment consists in preventing any movement for about twenty days.

There were four fractures of the humerus, three of which were of the neck. This is an exception to the general rule, for fractures of the body are generally more frequent than those of the neck. Of these three fractures, two occupied the anatomical neck, and the other presented nothing worthy of notice.

There were 11 fractures of the forearm, classed in the following manner; 2 included both bones, 4 had for their seat the elbow, 5 the radius. Two of the fractures of the forearm were compound. In two cases the fracture of the olecranon was accompanied by sanguineous effusion; in a third, the union was established by a solid fibrous band. These fractures have shown that moderate compression only is necessary; the dressing was removed at the end of a month, and thus was avoided the stiffness which follows the too prolonged employment of bandages.

The fractures of the radius have demonstrated these two well-known points: first, that the Z deformity of the wrist, like the heel of a fork, is one of their characters, although they may exist without the sign; second, that they ought not to be treated with bandages, the results of which are more unfortunate than the real injury itself. It is better that the patient should have no treatment at all, than that he should be treated by im-

proper bandages, which often produce a stiffness which the patient retains for a long time, and perhaps for life. This year has been tried the treatment of a Danish surgeon, in which the wrist is placed in a forced flexion. The result has not been very satisfactory. The experiment, however, has not been decisive upon this mode of treatment.

There have been two fractures of the os ilium. What has been said of the fractures of the cranium, is applicable to them. They are not dangerous themselves, but are apt to be accompanied with formidable visceral lesions. In one of the patients the fractured portion, the crest of the bone, had considerable mobility. The patient recovered.

There were five fractures of the neck and two of the body of the femur. Two of these were compound fractures. The fractures of the neck have all been treated without extension; the limb has been simply placed upon the double inclined plane, and the patients were permitted to walk in proper season. All have been discharged, not exactly cured, but in a satisfactory condition, excepting the lameness which is unavoidable. The reasons why continued extension has not been used, are, first, because it does not prevent lameness; second, the shortening is not diminished, and the employment of extension infallibly produces sloughs, cedema and considerable stiffness. Moreover, and this is an important consideration, force obliges patients to keep their beds for two or three months, and as fractures of the neck of the femur occur mostly in persons advanced in life, they soon fall into an adynamic state and sink. On the contrary, with the simple treatment of Velpeau, they are as well at the end of six weeks as they could be at the expiration of six months under the use of bandages and continued extension. It is necessary to know that raising up the patient does not prevent the union; as they walk with crutches, the pain warns them not to place the affected limb on the ground, and the suspension which it occasions, produces a sort of extension by the weight of the limb itself. Ought all patients to be put under this treatment? No. If the subject is young, in order to obtain a good consolidation, it is necessary to employ suitable dressings.

There have been two fractures of the patella. As for the treatment, the parts are brought together moderately, the patient remains in bed two or three weeks, and then gets up, and fifteen days afterwards his bandage is removed.

There have been ten fractures of the leg; five of both bones, four of the tibia alone, and one of the fibula.

The fractures of the foot by crushing, offer nothing of importance; they are not grave, except from the lesions of the soft parts.

In my next communication I shall give Velpeau's remarks on articular diseases.

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#### TREATMENT OF STRANGULATED HERNIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have seen some articles in your Journal, recently, on strangulated hernia, which induces me to give some of my experience in that distress-



ing difficulty. I do not know that the method to be described will be new to most of your readers, though it was so to me, as I never heard of the treatment by the remedy until I used it myself. About three years since I was called to see a lad about 5 or 6 years of age, laboring under strangulated inguinal hernia, in great distress. Every means were used that I was acquainted with, but without any relief. After using these means for more than twenty-four hours, I was sent for to see a lady in labor, and gave the lad about two grains of sulphate of morphine, and left him. On my return, in about three hours, to my surprise, and the joy of the family, I found the boy in a profound sleep, and a complete spontaneous reduction of the hernia. I then applied a truss, and there has been no return of the hernia since. Since that time I have used the same remedy some four or five times, with equal success; in fact, I have never failed to be able to reduce the hernia very easily, if it did not recede spontaneously, after a full dose of morphine. I have also recommended it to physicians in this vicinity, and have been informed by them that it succeeded well.

As I have often been aided by the able contributors to your excellent Journal, perhaps the above may be of advantage to some one, if you think fit to allow it a place in your pages. Yours sincerely,

*Edwardsville, Ill., Sept. 21, 1846.*

JOHN H. WEIR.

#### DIARRHŒA AFTER WEANING SUCCESSFULLY TREATED WITH CREOSOTE.

By J. A. Mayes, M.D., of Sumter District, So. Carolina.

EVERYTHING connected with the therapeutical application of a new remedy is intensely interesting to the physician, actively engaged in the practical duties of his profession; and the more intense does that interest become, when the new remedy under experiment promises to become a safe and certain cure for some of the most obstinate diseases of children.

The therapeutical application of creosote is now becoming a subject of much interest. The communication of Dr. Wragg, in the second No. of the Southern Journal of Medicine and Pharmacy, has established conclusively the utility of creosote in the treatment of hemorrhages; and for this valuable and practical essay, Dr. Wragg is entitled to the gratitude of the profession: since, by his experiments, physicians have come into the possession of a styptic, more uniform and certain in its operation, than any ever before used. Prior to the appearance of Dr. Wragg's communication, several short notices of the application of creosote to the treatment of the latter stages of diarrhœa and dysentery, appeared in the Medical Journals of the day. Acting under the influence of a love for experimental inquiry, I was induced to give the remedy under consideration a trial, in two cases of diarrhœa, with very great emaciation, coming on after weaning. The result of the two cases I give below, with no other remark than that, I believe the remedy to be infinitely preferable

in every point of view to that proposed by M. Weisse—viz., raw beef, finely shred ; of which the patients are directed to take two table-spoonsful in twenty-four hours.

CASE I.—Jessie, a little girl aged about 15 months, was attacked in April last with diarrhœa, a short time after weaning. She had previously enjoyed good health, and was as lively and fond of play as children of her age usually are. The diarrhœa was easily controlled by the usual remedies ; but she was much weakened and reduced in flesh. An astringent and tonic regimen was prescribed for a few days after the more urgent symptoms were relieved. She did not, however, gain in flesh or strength, but gradually became leaner. In the course of a fortnight fever supervened, with great irritability of stomach, vomiting everything as soon as swallowed. The fever was marked by regular exacerbations and intermissions. Quinine enemata in a few days arrested the fever ; these being the only means that could possibly be used, the irritability of the stomach being excessive. There was throughout the fever no pain or tenderness on pressure of the stomach or bowels, and the existence of gastro-enteritis was, therefore, thought doubtful. Water or tea acidulated with tartaric acid, after a few days, could be retained ; and by using acidulated drinks, elixir vitriol particularly, and the phosphate of iron, the appetite improved somewhat, but the emaciation still increased gradually. The bowels were generally in a very bad state. For a month she continued in this situation, when her appetite failed, and was growing rapidly worse. Being re-called to prescribe for her, I found her symptoms and appearance as follows :—Pale, leucophlegmatic countenance ; abdomen tumid and very hot, complaining of much pain under pressure ; stools excessively fœtid and dark colored, also frequent ; constant harassing dry cough ; great emaciation, so much so that the integument on the extremities seemed sufficient for a second covering ; no appetite at all, and some irritability of stomach ; cold drinks could be retained, but everything else was refused. This assemblage of symptoms was indicative of a fatal termination of the case, and that speedily, unless some powerful remedy could arrest the progress of the disease. *Prescription*—R. Creosote, 5 drops ; loaf sugar, 1 drachm ; gum arabic, 1 drachm ; water, 2 ounces. Mix intimately. Of this mixture, a tea-spoonful was administered three times daily ; at the same time the tepid bath, medicated by an astringent effusion, was used two or three times daily ; after a few days the cold bath was used, medicated in the same manner. In less than three days the beneficial effects of this treatment were perceptible in the improved appearance of the alvine discharges. Her amendment from this time was rapidly progressive. The last mixture made up for her was—R. Creosote, 6 drops ; loaf sugar, gum arabic,  $\bar{a}\bar{a}$  1 drachm ; carbonate of iron,  $\frac{1}{2}$  drachm ; water, 4 ounces. Mix. The vial to be well shaken before measuring a dose. A tea-spoonful was directed three times a day. After using this mixture, no further medical treatment was thought necessary ; but a nourishing diet and exercise advised.

II.—Billy, a little negro child, had the misfortune to be weaned at six

months. Being deprived of his natural food, his health soon suffered much. The bowels were very generally out of order, and he soon became very lean. His situation was such that for eight months or more he required constant medical attention. In that time his disease, of course, varied much, being sometimes better, or even nearly well. In the month of January last he became dropsical. The swellings, however, disappeared under a course of chalybeate and vegetable tonics. From his first indisposition, there were great debility and extreme emaciation; impaired appetite, or morbidly-excited appetite; looseness of the bowels; but with little fever.

Having witnessed the excellent effects of creosote in the former case, I determined to give it a trial in this. At the time of prescribing it for him, the emaciation had become even greater than in the other case, but the symptoms generally were not so severe; he had some appetite; his bowels were, as usual, very much disordered. The same prescription was used, and the good result was as plainly visible, though the amendment was not quite so rapid.

At the time of writing this, he takes but little medicine; nourishing diet and exercise seem to be sufficient for his case; and the prospect of a speedy and entire recovery is infinitely better than it has been for ten months.—*Southern Medical and Surgical Journal.*

#### CASE OF DISEASED VENA CAVA, TERMINATING IN DEATH BY RUPTURE OF THE VEIN.

By E. R. Squibb, M.D.

ON the 30th of April, 1845, I was requested to see a mulatto man of middle stature, somewhat emaciated, aged 37 years, the history of whose illness, as elicited at the time, was briefly as follows:—

About nine weeks previous, he had been seized with pain in the abdomen, extending from the lower end of the sternum to the iliac fossa, and chiefly confined to the right side. The patient was a shoemaker, and attributed the attack to sleeping in the cellar where he worked during the day, with his right side to the wall, the neighboring cellar being at the time half filled with water. The pain was remittent, and increased in severity during several days, when a physician was called in. The nature of the treatment first instituted is not precisely known, though some circumstances render it probable that the affection was mistaken for peritonitis. The course adopted was continued for many weeks without marked improvement, and the case was then abandoned.

April 30th.—The patient complained of much pain in the abdomen, remittent as before, being increased by taking food or drink, and also during the night. Pressure upon almost any part of the abdomen also caused increase of pain. Stomach irritable, often throwing off whatever was taken into it, giving the patient a sensation of obstruction to the passage of substances taken, as though the outlet of the stomach were tied. Bowels regular; tongue moist, with a slight white fur; appetite bad;



pulse 86, somewhat irregular and full, but not hard; skin dry, slightly warmer than natural but not subject to changes of temperature; functions of the liver and kidneys performed apparently as usual: pain sensibly varied by changes of weather. After much indecision and repeated examinations, the case was supposed to be one of rheumatic affection of the intestinal canal, similar to some which have been mentioned by M. Andral.

Twelve ounces of blood were taken by as many cups applied near the spine, and three grains of sulphate of quinine were given every two hours through the day, for four successive days, when the pain was much abated. On the four following days the quinia was given in the same doses, at intervals of four and six hours, in conjunction with a blue pill every morning and evening. The alterative, with an occasional aperient, was continued for many days longer, when the pain, although much abated, was not removed. At this period, a slight exposure, and a change of weather, caused a renewal of all the symptoms, to combat which the same method of treatment was again pursued, but without the same success. A re-application of the cups did not materially relieve the pain as before, and the quinia produced its peculiar effects upon the senses without much change in the pain. Tincture of colchicum seed was resorted to with no better success, and the mercurial, pushed to the extent of slight ptyalism, was equally without effect. After the suspension of these means, the pain gradually abated as the weather became more favorable, and, when able, the patient was advised to try the effect of change of air and diet. Accordingly, after a treatment of more than two months' duration, he left the city for a few months.

On the 3d of December following, I was called upon to make a *post-mortem* examination in the case, when I found that I had made quite as great a mistake in the diagnosis, as that with which I had mentally charged my predecessor. Some time after the return of the patient to the city (he never having recovered sufficiently to permit him to resume his work), he was again seized with attacks of pain, and called to his aid Dr. J. L. Knight. To the kindness of this gentleman I am indebted for some of the further particulars, and an opportunity to make a necroscopic examination. After treatment for a day or two, the pain again abated, and the patient felt able to sit up in bed. The exertion of raising up caused a great weakness and tendency to faint. He was immediately laid down, but expired in the course of a few hours.

Upon turning off the parietes of the abdomen, 27 hours after death, the viscera were found imbedded in, and quite hidden by, masses of coagulated blood, the viscera themselves appearing to be in quite a healthy condition. On seeking for the source of this great effusion of blood, a rupture of the ascending cava was discovered, just below the lower concave surface of the liver. The vein at this point had been very much dilated, and its coats much diseased and thinned. A semi-organized mass or clot, which was contained in the dilatation, was connected by its surface to the softened coats of the expanded vessel, and the rupture had occurred at the junction of the edge of this mass with the side of the vessel,

and not at the projecting point of the dilatation. The tumor was on the anterior portion of the circumference of the vessel, and was overlapped by the lower edge of the liver, and by a portion of the stomach, which latter circumstance may account for the sensation of obstruction so constantly complained of during life.

Although an examination of the heart was desirable, some circumstances prevented an opening of the thoracic cavity, and thus defeated this purpose.—*Medical Examiner*.

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#### ON THE USE OF IODINE AND QUININE IN GANGRENE.

By S. Pollak, M D., St. Louis, Missouri.

CASE I.—Some time last summer, while Dr. C. W. Stevens had charge of the City Ward in the Charity Hospital of St. Louis, a case of chancres on the prepuce and glans penis presented itself. I do not remember what the immediate course of treatment was, but suffice it to know that an *erysipelatous inflammation* was manifested in these ulcers, which rapidly extended over the whole organ. In a few days symptoms of gangrene became evident on the very spots where the erysipelas had first made its appearance. Cataplasms of Peruvian bark were immediately applied: the ulcers fomented with a creosote solution; tonics were given; but all to no purpose; the gangrene progressed constantly. Upon the suggestion of Dr. J. N. McDowell, the ung. hydrarg. oxidi rubri was added to the former local applications, but all in vain; the gangrene had enveloped the whole penis, reached the pubes and the upper portion of the scrotum, without manifesting the least tendency to demarcation. All remedies thus far tried proved abortive. The case elicited a good deal of interest. I visited the hospital daily, and watched it with some anxiety. Happening to be one day in the company of my friend Dr. Prather, I mentioned the circumstance to him; he observed he had a case somewhat similar in character, namely, gangrene, following the application of a blister to the abdomen. He, also, was unable to check the progress of the gangrene, and regarded the case as hopeless, when it occurred to him to try the effect of a topical application of the tinct. of iodine and quinine, and it had the happiest effect. I was very desirous to see the experiment made in the present instance, to which Dr. Stevens, with his accustomed urbanity, at once consented. The morbid parts were painted with the tinct. of iodine, and covered with a thin layer of sulph. of quinine. It acted like a charm; already the next day the gangrene showed a disposition to demarcation, and which was completely effected in thirty-six hours from the first application. Two days after, the membrum virile sloughed off, or rather *dropped off, in toto*, leaving nothing but a healthy suppurating surface of about one inch in diameter, which gradually cicatrized, and left only a small funnel-shaped *impression* just below the symphysis pubes, in the centre of which the urethra was slightly projecting. The patient, who was greatly emaciated, rapidly recovered. Though the chancres were effectually removed (as no one can doubt), still syphilis

remained ; for, about a week after the penis had come off, a bubo made its appearance, which ran through its regular course ; it suppurated ; and the patient was shortly after dismissed cured ! but, alas ! minus an important organ. He left, with the unshaken hope that it would grow out again. Poor fellow ! what a sad disappointment awaits him.

II.—Just about the time when the first case left the Hospital, another one, likewise with chancres on the prepuce, was admitted. Nearly one half of the prepuce was destroyed ; the gangrene had attained the middle of the dorsum penis ; the dermal portion of it was sloughed off, but the corporæ cavernosæ were yet intact. The iodine and quinine were applied, as in the previous case, and, like it, with the most triumphant result.

III.—Two months later, when Dr. Barbour had the supervision of the City Ward, a third case of syphilitic gangrenous ulcers was admitted. A variety of medicines were tried, and failed, until the iodine and quinine were resorted to, which soon put a stop to mortification. The patient got also externally some iod. of mercury, and, in three weeks, left the Hospital, cured.

The above three cases were all of syphilitic origin, quite similar in their nature ; a like treatment could have been reasonably expected to lead to a like result ; but the two following, which came recently under my care, will be still more important, as the causes were quite dissimilar, but still the effect of the remedy was the same.

IV.—G. R. I found to have been severely stabbed with a knife in the upper third of the thigh ; the wound going through the whole member. The bleeding was profuse, but easily arrested ; the wound was united with adhesive straps ; it healed kindly with the prime intention. About the eighth day, when the patient was about getting up, the environs of the cicatrix became erysipelatous, and painful ; the inflammation extended all around the thigh. A little above the cicatrix, a black spot was seen, which enlarged constantly until it reached the cicatrix, which re-opened—the gangrene spread. The erysipelas yielded to the topical application of sulph. of iron, but the gangrene threatened to take the whole portion occupied by the erysipelas. I resorted to the iodine and quinine, and had the satisfaction to see soon a line of demarcation forming. The gangrenous place commenced sloughing ; it had only extended to the dermal and the adjacent cellular tissue ; none of the muscles were affected. The case gave no farther trouble.

V.—J. M., a colored man, applied, a fortnight since, with an enormously swollen hand, and, as he alleged, arising from the bite of a spider on the middle finger, three or four days ago. The hand and arm, as far as the elbow, greatly enlarged ; very painful. He said he had applied, immediately after the bite, some opodeldoc, which gave him temporary relief—has done nothing to it since. When he called, I perceived a black vesicle on the spot which he said had been bitten, which enlarged, burst, and showed a gangrenous surface, which kept on enlarging until it reached the size of half a dollar. I applied, without delay, the iodine and quinine, which was followed by the same happy result as in all pre-



vious cases. The gangrenous portion sloughed out, and was soon filled with healthy granulation. I dismissed him on the seventh day, not doubting it would cicatrize in a few days—as he promised to call in case it should not do so.

These hastily communicated six cases (Dr. Prather's included) of gangrene, three coming in complication with syphilis, one from the irritation occasioned by cantharides, one after a severe wound, one after a venomous bite; and in all these forms iodine and quinine proving wholly efficacious, it might be justly presumed it would do so in most cases, no matter what the cause may be; at all events, it is worthy the attention of the profession.—*Missouri Medical Journal*.

### QUACKERY IN CINCINNATI.

[PROF. DRAKE, of Louisville, Ky., one of the editors of the *Western Medical Journal*, in a letter from Cincinnati, Ohio, published in the last No. of that Journal, thus speaks of the different forms of quackery which are congregated in a building of that city, which we suppose is the one formerly known as the "Bazaar."]

The Queen City seems to have prostituted herself to the foul embraces of empiricism. Behold the gorgeous and glittering TEMPLE OF QUACKERY. On its dome there sports a gigantic black snake, fit emblem of cunning; and a silly coot (still fitter emblem of credulity), is fluttering into the opening jaws of the wily fascinator. Let us enter the upper halls of the mansion of imposture.

Turn to the east; there is the den of the "*Reformed Medical College of Ohio*," where doctors are manufactured out of the raw material. (N. B. The wool may be either coarse or fine, black, white or gray; the rolls warranted equally good and of the same size). Now turn to the west; there is the den of the rival "*Eclectic Medical Institute*," whose lathe can turn dunces into doctors, and not destroy the natural grain of the wood! The worthies who labor in these precious establishments agree in one thing only, that of slandering the regular profession; beyond this, they show their impartiality by vilifying, that is, telling the truth on, each other.

Let us descend to another floor of the temple. Here, in an out-of-the-way corner, is the STEAMERY. But how deserted! Its fires are smouldering, and the distillery of "No. 6" dribbles only *guttatim*; and yet the supply is equal to the demand. Compelling a sick girl to drink a quart of lobelia and then a gill of the tincture of red pepper, in a single night, while lying surrounded with ears of boiled corn, and winding up in the morning with a dose of "No. 3," is no longer the fashion; such methods of curing an inflammation of the brain or stomach are now condemned by the Court of Empiricism; and it has been discovered that a very different plan should be pursued. Let us enter the magazine where the new munitions are elaborated. But hold! We can't get in! It's a mere closet, with tiny boxes, and pills of the size of a millet seed

at the end of a dry summer. A millionth of a grain of the extract of aconitum napellus in each box ! A tenth of the ten millionth of a drop of the juice of atropa belladonna in that little vial. One pill in the morning, and one drop of the solution at night !! No more steam poly-pharmacy ! No more drenching, stuffing and pistoning with herbs and roots. *That* was all very *vulgar*—*this* is very *refined*, suited to the character and constitutions of ladies and gentlemen—the learned and intellectual—above all, to the convenience of clergymen and pious ladies, whose pocket magazines will enable them to dispense to the poor, and to such of the rich as may be ashamed to visit the temple of quackery. Thus will the blessings of HOMŒOPATHY, like honey dew, fall equally on the leaves of the towering yellow poplar—*softest* of trees, and the humble elder—*greenest* of shrubs.

But let us pass on to another kennel. Its walls and ceiling and floor are wet and cold ; but don't feel afraid to enter. You may have pleurisy, or rheumatism, or consumption ; but “ never mind ”—sit down and receive the cold douche, or lie down and wrap yourself in the cold and dripping sheet. “ Steam ” and “ hot chunks ” *used* to be the *proper* remedies, but the college of quacks has made a new degree. In the days of Moliere, it could only transfer the liver from the right side to the left. Send round the book of HYDROPATHY. Let your friends be warned against all family physicians—all regular doctors, with their pedantic prescriptions and long bills ! Be equally on your guard against homœopathy. Rely on water only and alone. Nothing can live *without* water—and nothing can die *with* it.

But we must move on to the next kennel, and a very genteel and quiet place it is. Look at the simplicity of its furniture—a chair and sofa. No steam bath—no cold water baths—no bundles of leaves and bark—no jugs of “ No. 6,” not even the miniature vials of homœopathic elixir, are allowed to profane the mysterious dormitory ! Its very air is ethereal—its light magnetic ; and spiritualities gambol in the beams like gnats in the purple rays of the setting sun. All is intellectual and sublime. But let us come to the work. The necromancer takes his chair, the necromancee her sofa—their eyes meet each other—he darts a magnetic glance—her eyelids fall—a quiver agitates her lips, and she softly reclines, in sleep of body but not of mind. “ A change has come o'er the spirit of her dream.” Her soul, disengaged from its frail tenement of clay, explores the caverns of the earth, and the lowest pools of the great deep ; descends into hell, then rises to heaven ; and bringing tidings from both to him who thus set her free, is prepared, at his bidding, to enter the foul abodes of disease in the bodies of foul men, inspect the foul organs, with prying eyes, and report to her master the hidden cause of every soul infirmity. The patient thus inspected may now be placed under treatment. Put him on the sofa—let the doctor point his finger to the disordered organ—keep quiet till he gives the healing glance, and all will then be well. But we must not linger in this spiritual saloon, when so many *spirituous* kennels remain unexplored in the basement below. See how the *doggeries* are ranged around—lighted only by lamps—and

labelled over every door, "No ADMITTANCE." These are the secret vaults. What strong odors fill the air. Look at the inscriptions of the different doors. \* \* \* \* \*

But what means the sign over that retired and central cell? A quill from the wing of a crow—cunningest and blackest of birds! Let us peep through the key-hole. Ah! there sits the scholar of all the subterranean kennels. See how nimbly his fingers move, and look at the sibylline leaves as they fall from his pen—infallible boluses—dulcified panaceas—tasteless catholicons—warranted specifics—renowned, restorative regenerators—reproducers of teeth in old age—universal resuscitators from every kind of apparent death! All attested and dignified by the names of eminent physicians and surgeons, now in their graves—Hunter, Cullen, Buchan, Wistar and Rush. And look at the blank certificates, ready to be filled up with spurious or forged names, by the manufacturers in the surrounding kennels! A discount to those who purchase by the ream; and no additional charge for filling up, to those inventors who do not know how to read and write.

Such is a hasty sketch of the Temple of Quackery, which graces the Queen City. If its priests who minister at its altar are many, its votaries "may be called legion." They are no longer the uneducated and vulgar, but, contrariwise, the cultivated, affluent and refined. In the midst of the attendance of well qualified and respectable physicians, both gentlemen and ladies have the nostrums of quacks smuggled into their apartments. Invalids have their carriages stopped half a square from the door of an empiric, and sneak to it on foot, lest some one (who is perhaps at the same time under the care of another quack) should chance to see them. Many, however, have grown quite shameless, and avow their preference of empiricism over science. Its harvest is undoubtedly very great; for those who follow it grow rich, while many deserving physicians "live but from hand to mouth;" and others, too proud to grapple with knaves and impostors for the patronage of an *enlightened* community, are retiring to the country, and intend to give up physic for farming.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 14, 1846.

*Surgery in Paris.*—A very interesting paper from Dr. Fisher, now in Paris, descriptive of the treatment of M. Velpeau's late surgical cases in La Charité Hospital, will be found in to-day's Journal. The reader will be glad to learn that Dr. F. proposes giving further accounts of M. Velpeau's cases.—We should be pleased to receive similar analyses or reports of surgical and medical cases from other institutions nearer home.



*Dr. Wollaston, the Chemist.*—Littell's Living Age, that admirable digest of modern English literature, has a leading article, in the 125th No., extracted mainly from the British Quarterly Review, on the life, character and discoveries of the late William Hyde Wollaston, M.D. Dr. W. will be known to posterity as a chemist, of extraordinary industry, patience and perseverance, whose discoveries have yielded important results to the arts and to the progress of various departments of science. Although acknowledged to be a renowned philosopher, he was a solitary being, as much as the last man will be, or as Adam was before the creation of Eve; and yet he resided in London. If society knew nothing of him, he certainly knew but little of society. His laboratory was so completely a blue chamber, that only one person was ever in it besides himself, and that by mistake. The doctor discovered the intruder, and leading him to a particular part of the room, said, "Mr. P., do you see that furnace?" "I do." "Then make a profound bow to it, for as this is the first time, it will also be the last time of your seeing it." All his operations were conducted on a minute scale; a few grains of anything were enough, as a tray would hold all the apparatus and tests he seemed to require in his almost microscopic researches.

Dr. Wollaston was born Aug. 6, 1766, and died in December, 1828, having accumulated a handsome fortune by one single discovery, viz., a method of rendering platina malleable. For that one process, it is said that he realized 30,000*l*. When it is recollected that he invested 1000*l*. in the name of the Royal Society, the interest of which is to be employed to encourage experiments in natural philosophy, it hardly seems just to accuse him of being as money-loving as some have represented him. A single unlooked-for circumstance in the commencement of a professional life, sickened him of the practice of medicine, for which he was eminently well prepared by study, and although the people lost the services of a good physician, the whole world gained an illustrious philosopher. He was the second son of an eminent astronomer, and one of seventeen children. In 1783 he took the degree of M.D., and settled six years after, as a medical practitioner, at Bury St. Edmunds. So poor was his success, owing, beyond doubt, to the solemnity of his deportment, and never-relaxing reserve of manner, that he sought a larger field in London. That awful gravity which is forbidding in any one, and doubly so in a physician, who, of all men, should wear a cheerful face, drove patients away, or they were afraid to come; and he therefore solicited the office of physician to St. George's Hospital, a vacancy having occurred, recollecting, probably, that in such institutions, the sick are not at liberty to choose their medical advisers. To his chagrin, Dr. Pemberton obtained the appointment, which so mortified the learned chemist, who unquestionably felt conscious of possessing transcendent powers, that he declared he would abandon the profession, and never write another prescription, even for his own father. Having turned his attention afterwards wholly to chemical pursuits, the masterly efforts of a great mind were discoverable in almost every inquiry to which his attention was directed. In the transactions of the Royal Society, principally, are to be found, from year to year, the details of his indefatigable labors. If he had not been decidedly a chemist, he would have been distinguished as an astronomer, since there was always a strong taste manifested for that elevated branch of knowledge. To particularize the names of the subjects on which he wrote, would be out of place in

this brief notice of one who had the good fortune to escape the turmoils and competition, as well as the responsibilities, of a medical practitioner, and by doing so secured a conspicuous niche in the temple of fame.

The object in presenting this synopsis of the life of Dr. Wallaston, is to demonstrate the fact, that those who are as unsuccessful as he was in attempting to pursue the calling of a physician, are not to conclude they are equally unfit for every other pursuit, since they may rise much higher and perhaps be infinitely more useful, in some other way. Unceasing activity is required in those who hope for distinction in medicine and surgery, which distinction, when attained, is hardly a compensation for the toil it has cost. Without the faculty of adapting oneself to society, as it exists, and the further ability to apply the knowledge that has been acquired according to the wants and necessities of the sick, success is a hopeless undertaking. Some men are constitutionally qualified for practising physic. Whether learned or ignorant, they succeed well. While others, like Dr. Wallaston, are incapable of success, but, without his firmness in resolve, cling with expectation to the wreck, fancying that success must ultimately crown their efforts—and there they remain, monuments of disappointed ambition.

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*Woman and her Diseases.*—Proof sheets of a treatise on this prolific subject, by Dr. Dixon, of New York, have been under examination the last week. The author has given the work a popular character, which will certainly insure it a more extensive circulation. Formerly, it was glory enough to influence the opinions of mankind, by a book; but in these degenerate days of literature, the per cent. on the sales is something tangible and desirable.

Nothing new has been attempted by Dr. Dixon; indeed, he is a gentleman of such good sense, that he would not commit himself to the public by assuming to have made essential discoveries in the treatment of female diseases. He writes understandingly, and, as far as a slight opportunity has enabled us to judge of the merits of the forthcoming work, has given a deep interest to it. Unlike some modern semi-scientific medical books, this does not propose to patch up humanity economically, without professional advice—a kind of proposition that has heretofore taken well with vulgar minds. Dr. Dixon shows those very persons that they are unsafe in disease without proper aid—and he is therefore doing good service.

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*Petersburgh Medical Faculty.*—A code of regulations for the government of a medical association at Petersburg, Va., has been adopted by the profession of that city, that compares favorably with that of older societies. The process of gaining a membership is precisely the same as in that of the Boston Association. The working of the machinery here, warrants us in believing that the medical gentlemen of Petersburg have hit upon the only plan within their reach, of securing to each individual that amount of happiness and independence which all should enjoy in the practice of an honorable profession. Of the ethical rules, they must be popular, because their direct tendency is to make good men out of those who are inclined to go astray. Those already above reproach will not be likely to degenerate, when admitted to the fraternity, while im-

pressed with the moral value of the articles which they have once sanctioned by their names.

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*The Annalist*.—No. I. of another Journal of Medicine, designed, as expressed on the cover, to be a record of practical medicine in the city of New York, appeared in that city on the first of October. William C. Roberts, M.D., is the editor—to whom we extend our good wishes for his success in the enterprise. Dr. R. will find, among other things, that, as in the fable of the old man, the boy and the ass, it is utterly impossible to please everybody.

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*Washington University of Baltimore*.—With their accustomed zeal, the Faculty of the Medical Department of the Washington University have made good preparations for the present course of lectures, which commenced on the first Monday in October. A hospital is connected with the institution, which adds very much to its advantages.

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*Fracture Splints*.—Mr. Goodwin, of Ashfield, Mass., whose splints meet with the general approbation of surgeons, improves in the manufacture very perceptibly. For lightness, adaptation to the shape of the limbs, simplicity of mechanism, and economy in price, his work recommends itself. A set is left here for inspection. Those which are constructed with special reference to the forearm and thigh, are admirable, and perhaps not surpassed by any former invention.

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*Boston Dispensary*.—By the annual report of this charitable institution, we learn that the whole number of cases treated during the last year was 2462, nearly one quarter of which occurred in Ward 2. The number of recoveries was 1762; deaths, 93. The Irish patients number 864; Hibernico-American, 682; American, 547. Of the whole number of patients, 2293 are represented as temperate. Births, 60.

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*Vermont Asylum for the Insane*.—By the Tenth Annual Report, just published, the institution appears to be in a prosperous condition. The new buildings have been completed, and are nearly filled. 460 patients have enjoyed its advantages the past year, 197 have been admitted, 162 have been discharged, and 291 now remain. Of those discharged, 94 have recovered. The terms are fixed at two dollars per week for the first six months, and one dollar and fifty cents per week afterwards. Patients from other States are received on the same terms as those from Vermont.

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*Post-mortem Examination of the Body of Pierro Maroncelli*.—Dr. Dixon, of New York, in a biographical sketch, in a New York paper, of this celebrated musician and poet, who lately died in that city, gives the following brief notice of the *post-mortem* examination of his body. His leg had been amputated many years before, while imprisoned in the fortress of Spielberg.



"It was desirable that the causes of his insanity and blindness for the greater part of the last year of his existence, should be ascertained by a *post-mortem* examination; this request of the physicians was, of course, acceded to by his enlightened and affectionate relatives. The most conclusive evidence was presented that the unskilfulness of the amputation was the cause of his death; he had always complained of intense neuralgic pains in the extremity of the remainder of the amputated limb. This was judged to be from pressure produced upon the end of the great nerve of the thigh, by the contraction of the integuments and a probable speculum of the bone pressing upon it. The extremity presented what is technically called a "conical" appearance; an insufficiency of the muscle and integument having been left by the unskilful operator to cover the badly-sawn bone. Poor Maroncelli could never bear the retraction of the skin and its consequent pressure on the painful extremity, caused by the application of an artificial limb; he therefore always went upon crutches. The great "sciatic nerve" was found enlarged at its severed extremity into two complete bulbs, which often caused him exquisite pain. 'This his proud spirit concealed from all save his family and physician; but there is no doubt that its reflex action kept up such constant cerebral excitement as to cause his insanity and blindness. The brain was found excessively distended with blood."

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*American Society of Dental Surgeons.*—At the seventh annual meeting of this Society, which took place in New York on the 4th of August last, the following officers were elected:—

Eleazar Parmly, M.D., *President*. Lewis Roper, M.D., *1st Vice President*. Enoch Noyes, M.D., *2d Vice President*. John Allen, D.D.S., *3d Vice President*. Chapin A. Harris, M.D., *Corresponding Secretary*. Amos Westcott, M.D., *Recording Secretary*. Chapin A. Harris, M.D., *Treasurer*. J. H. Foster, M.D., *Librarian*. C. A. Harris, M.D., Amos Westcott, M.D., and E. J. Dunning, *Editors of the American Journal and Library of Dental Science*.

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*Professor Paine's Defence of the Medical Profession of the United States.*—The tenth edition of this Address, delivered in March last at the Medical Commencement of the University of New York, has just appeared. The Address is mainly devoted, as the readers of the Journal will recollect, to a disapproval of assertions made by Dr. N. S. Davis, of Binghamton, N.Y., respecting alleged deficiencies in medical education in this country. The following explanation accompanies this edition.

"The author of this Address has seen, with much surprise, in some of the periodicals, a misapprehension that the 'Chairman of the Committee' is the object of his rebuke. The author, therefore, will point the attention of the reader to the obvious construction that the 'Chairman' was merely employed as a weapon against the *New York State Medical Society*, by whom his opinions were sustained.

"It is also worthy of record, that Dr. Davis was made 'Chairman' of the Committee, 'appointed to present the subject of medical education,' by the late abortive Convention held in this city, whilst Dr. Hays made the Report of the Committee's 'Preamble and Resolutions.'"

*Memphis Medical School.*—The following is the organization of this new institution, which opens for its first course of lectures on the first Monday of November next. The prospects of the School are represented to be flattering, and we wish it abundant success.

James Conquest Cross, M.D., Professor of the Institutes and Medical Jurisprudence.

Abner Hopton, M.D., Professor of Chemistry and Pharmacy.

Joseph Normon Bybee, M.D., Prof. of General and Special Anatomy.

George R. Grant, M.D., Professor of Theory and Practice of Medicine.

D. J. M. Boyle, M.D., Professor of Surgery.

H. V. M. Miller, M.D., Professor of Obstetrics and the Diseases of Women and Children.

Francis A. Ramsey, M.D., Prof. of Materia Medica and Therapeutics.

*New Formulæ.*—The following formulæ, not generally in use in this country, are taken from a recent French work, "*Traité de Matière Médicale*," by Dr. Foy (Paris, 1843, 2 vols. 8vo., pp. 628, 714).

*Ammoniacal Beer.*—Take of muriate of ammonia, 3jiss.; table beer, 3xvi. Mix. To be administered in doses of a wineglassful—in scrofula, typhoid fevers, diabetes, abscesses.

*Purgative Biscuits.*—Take of jalap, 3v.; sugar, 3xxx.; flour, 3iv.; make into 15 biscuits, one to be taken in the morning for a dose.

*Medical Miscellany.*—On Wednesday, the 14th of October, the thirty-third anniversary of the Medical Society of Vermont will be held at Montpelier.—An introductory discourse by Dr. Goldsmith, at the opening of the present lecture season, at Castleton Medical College, has been published by the class.—Dr. Stephen J. W. Tabor, of Northampton, Ms., is a candidate for Congress.—A witness testified before a board of commissioners lately, that a Prairie Indian would consume 15 lbs. of beef in 24 hours.—Yellow fever was on the increase at New Orleans at the last advices.—Dr. H. L. B. Lewis, of New York, has invented an iron rail road car, which is considered a valuable improvement.—Dr. Alexander, of Scotland, in a tour through Lower Syria, has discovered 15 new species of plants.—The Natural History of Java is being revised by Dr. *Jungkuhn*.—A hospital for consumptives has been opened in England.—Dr. Wm. A. Newell, of Monmouth, Co., N. J., is a candidate for Congress.

MARRIED.—In Amherst, Mass., Seth Fish, M.D., to Miss E. D. Nelson.—At Sandwich, (Monument), Mass., 30th ult., John Batchelder, M.D., to Miss Martha S. Keene.—At Albany, N. Y., H. Clay Bogg, M.D., to Miss M. E. Mullen.—D. E. Bishop, M.D., of Ithaca, N. Y., to Miss E. Low.

DIED.—In Franklin, Tenn., Dr. Lowell, killed in an affray by another physician.—In London, Aug. 6th, of an attack of cholera, John Bostock, M.D., F.R.S., at the age of 73. He was well known in this country by his valuable Elements of Physiology and other writings.—In Paris, in the 36th year of his age, Dr. Thibert, the inventor of very beautiful artificial anatomical and pathological models in relief.—Dr. Gaste, physician-in-chief to the French in Africa.

*Report of Deaths in Boston*—for the week ending Oct. 10th, 68.—Males, 39, females, 29. Stillborn, 11. Of consumption, 9—inflammation of the brain, 1—accidental, 2—disease of the bowels, 6—hooping cough, 1—tumor, 1—dysentery, 5—croup, 4—lung fever, 2—typhus fever, 3—scarlet fever, 1—inflammation of the lungs, 3—infantile, 8—marasmus, 2—teething, 3—inflammation of the bowels, 2—disease of the heart, 1—child-bed, 1—paralysis, 2—intemperance, 1—convulsions, 1—debility, 1—cholera infantum, 4—dropsy, 1—old age, 1—bilious colic, 2.

Under 5 years, 35—between 5 and 20 years, 6—between 20 and 40 years, 18—between 40 and 60 years, 5—over 60 years, 4.

*Infusion of Honey Bees.*—An infusion of the *apis mellifica* or honey-bee was recommended in the Western Journal of Med. and Surg., for Nov., 1845, for the treatment of strangury. It was directed to be prepared by sweeping from 40 to 60 bees into a pan of water, put the whole into a teacup, pour one gill of boiling water on them, and cover the cup securely. When it has stood 20 minutes, pour off the infusion, and let the patient take the whole at a draught. This remedy is said to relieve the worst cases of strangury, in from two to fifteen minutes. A writer in the last No. of the American Jour. of Med. Sciences speaks highly of this remedy in such cases; and Dr. Flint, in the last No. of the Buffalo Journal, states that the prescription was recently tried in that city with immediate relief, in a case in which the introduction of the catheter was attempted without success, and states "it was subsequently repeated daily, with the same results, until the occasion for its administration ceased." It has been found to succeed very generally at the South, where it was first introduced into practice, in cases of retention of urine from inflammation of the bladder, and from the effects of cathartics. It is supposed that the material which gives efficacy to the bee-tea, is the virus ejected by its sting, as the tea, when recently made, has a taste and smell identical with the odor of the incensed bee; and if allowed to stand, the infusion loses its characteristic odor and taste, and its efficacy is destroyed. It remains to be seen, whether this virus may not be collected and preserved, so as to be employed where the bee itself is not to be obtained.—*New York Journal of Medicine.*

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*Death of Dwarkanauth Tagore.*—Among the most eminent friends to medical science, has been this distinguished personage, who expired of an affection of the liver, at his residence in Albermarle-street, at twenty minutes past six on Saturday evening, August 1st, at the age of 51 years. He lived just long enough to witness the fruits of his triumphant energy, in the cause of human progress, in the brilliant success of two native Hindoo students in the University of London, sent to this country and wholly maintained at his expense, and who a week previous passed the College of Surgeons. His remains have been deposited in a vault in the cemetery at Kensal Green.—*London Lancet.*

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*Knife Swallowing.*—By WM. GEORGE GILL.—John D——, aged 7 years, residing at 10 Salisbury-terrace, Islington, on the evening of the 6th of August swallowed an open penknife, three inches long. The lad, a very sickly one, was subsequently visited by my father and myself; the symptoms afterwards were slight, chiefly febrile, with occasional griping pains, and some tenderness in the region of the bowels. The treatment enjoined was perfect quietude, fomentations, saline febrifuges, sedatives, the occasional exhibition of slight aperients, castor oil, &c. On the morning of the sixth day, contrary to the opinion of some eminent physicians, to whom I had related the case, the knife appeared with an evacuation, blade downwards, somewhat corroded, and not at all improved in appearance by its change of residence.—*Ibid.*



## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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### THE USE OF THE MICROSCOPE IN THE PRACTICE OF MEDICINE.

By R. L. MacDonnell, M.D., Lec. on the Institutes of Medicine, McGill College, &c.

FOR the last nine or ten years the pathologists of Europe have been in the habit of using the microscope for the elucidation of many departments of practical medicine, but more especially for the examination of urinary diseases.

The researches of Prout and others, who examined this difficult subject with the assistance of chemistry, did much, no doubt, towards removing a great deal of the obscurity in which it was enveloped; but the physician in the active practice of his profession, although he could not shut his eyes to the great importance of chemistry, in renal diseases, had to neglect the minute study of these affections, inasmuch, as at every step his progress was arrested by the necessity for chemical analysis, and the great length of time which a careful examination of the urine required, when conducted in this manner. But now that the writings of Rayer, Bird and Simon, have placed in the hands of the practitioner a speedy and simple method of analyzing urinary deposits, no matter how small in quantity, by means of the microscope, no excuse can be offered for his remaining ignorant of this subject, except that which, with equal propriety, he might adduce for his want of acquaintance with other improvements in medicine, viz., indolence or indifference.

But I am not without hope, that the recital of the following cases, in illustration of the value of the microscope to the medical practitioner, will be productive of good; and that some of my brethren, who may not as yet have turned their attention to this important matter, will be induced to commence its study, which, I can assure them, will be productive of more unalloyed pleasure than any other department of their profession is capable of affording.

For some years back I have been in the almost daily habit of using this instrument, in the investigation of diseases of the kidneys, urethra and bladder, and in those affections which, though situated in distant organs, produce sympathetic derangements of the renal functions.

On my arrival in this city, I made some of my friends acquainted with these investigations; amongst others, I may allude to Dr. Crawford, whose zeal for the science of his profession is well worthy of imitation. He soon saw the great assistance the instrument afforded in many difficult cases, and availed himself of his being in London to order out two excellent ones, which I believe he is constantly employing.

Indeed I could hardly adduce a case more conclusive of its utility than the following, which occurred in his practice.

CASE I.—A boy, aged about 6 or 7 years, was brought to Dr. Crawford last autumn, by his mother, who stated that he labored under various symptoms, which led Dr. C. to suspect the presence of a calculus in the bladder. He accordingly introduced a sound, but did not obtain any conclusive evidence of the presence of a stone. The boy labored under the symptoms for some time longer, and in my presence the sound was again introduced, but neither the doctor nor myself could feel any calculus. I obtained a small quantity of the boy's urine, and examined it with the microscope, and although to the naked eye it appeared quite healthy, yet it exhibited a good number of pus globules, as well as a deposit of the triple phosphate in prismatic crystals.

As the boy had no symptoms of disease of the kidneys, or ureters, and his age precluding the probability of these appearances being due to gonorrhœal irritation, the opinion we formed was, that the mucous membrane of the bladder was in a state of subacute inflammation. Soon after the employment of treatment which this diagnosis suggested, the symptoms became alleviated.

II.—Last winter a gentleman, aged 24, called upon me for advice, for what he termed a disease of the liver. He had been under the care of one physician for three years, and had lately consulted a second—the former had given him large quantities of mercury for the supposed malady, and the latter, following up the idea, had given him blue pill and taraxicum. Both had attributed all his symptoms to "liver disease." On investigating the case I could not agree with him, that his headache, palpitations of the heart, loss of appetite, constipation, lassitude, apathy for former occupations and amusements, extreme nervousness and timidity, inability to take exercise or undergo the least fatigue, indifference to worldly prospects (seeing that he had been only a month married), occasional dizziness of sight and impairment of memory, with almost constant insomnia, and a host of other minor symptoms, were to be ascribed to chronic hepatitis. Accordingly I recommended him to leave at my house four or six ounces of the urine passed on the following morning.

Having examined it, I found it loaded with oxalate of lime crystals, and a copious admixture of dead and disorganized spermatozoa. I immediately obtained a clue to the diagnosis and treatment of his disease. The presence of spermatozoa clearly proved the existence of that form of spermatorrhœa, to which Lallemand has directed attention. In this variety, the discharge takes a retrograde route to the bladder, hardly any of it getting exit by the urethra; and such a condition of the genital organs is more frequently produced by onanism than natural indulgence. The oxalate of lime always indicates great debility and irritation of the system—general nervous exhaustion; and we know that to such a state it is that the unfortunate victim of this practice reduces himself.

I had no hesitation, then, *in the absence of symptoms more clearly connected with hepatic disease*, in associating all his sufferings with the above-mentioned vice.

Now, it is extremely unlikely, that I should so soon have been enabled to arrive at the origin of the disease, were it not for the light thrown upon the matter by the microscope; but having once detected spermatozoa in the urine, the inference to be deduced was, that the involuntary emissions were the result, either of excessive sexual indulgence or masturbation; and the confessions of the patient removed any further difficulty. During the whole time that he was treated for the supposed liver disease, he himself more than suspected that his physicians had not traced his ailments to the fountain head; and he expressed his astonishment, that during the whole time he was under their treatment, they had never inquired into his mode of life or habits. Suffice it to say, that after some hesitation, he admitted having been inordinately addicted to the practice, and stated that for the last three years he had been subject to involuntary emissions three or four times each night; that the consequent exhaustion was so great, that for a length of time he was accustomed to go to bed at ten o'clock, and rising again at twelve o'clock, he passed the next three or four hours in walking about his chamber, or in reading, in order to allow the interval to be passed over without involuntary emissions. Latterly, he had become impotent, and being recently married, his wretched condition preyed severely on his mind.

The treatment pursued was ultimately attended with success, and he now enjoys good health.

I have selected the above example from amongst many others, in which I have diagnosed involuntary seminal discharges from the microscopical examination of the urine, a discovery first published by the celebrated Lallemand, who has contributed so much to our knowledge of the pathology of the genital and urinary apparatus.

III.—I was consulted in March last by a lady, in reference to the case of her son, a boy aged 8, of strumous habit, who from infancy had been subject to "wetting the bed" every night, no matter what precaution she adopted to prevent it. For the first three years this habit caused her no uneasiness, as she thought that as the child grew older, the habit would wear off; but at the expiration of this period, not finding any amendment taking place, she consulted her physician, who recommended a "whipping" to be administered every morning, a prescription which for some time she rigidly followed. Not deriving any benefit from this scientific treatment, she left the case to nature, until she brought him to me. Having made an examination of the urine, it was found to present the following characters—spec. grav. 1021 at temp. 65 deg. Fahr.; reddened litmus paper, was of a deep amber color, depositing a yellowish sediment, which, on being examined microscopically, presented a copious collection of large-sized, lozenge-shaped crystals of lithic acid, without any admixture of epithelium, pus, or blood. In other respects the boy's health, though not bad, was far from being robust. In fact, he was what is usually understood by the term, a "delicate boy."

The treatment I pursued in this case, is that which, under similar circumstances, I find to answer best, viz., a combination of diaphoretics, antispasmodics, alkalies and nutritious diet. Accordingly, a powder of



nitrate of potash was ordered to be taken at bed-time, and washed down by a draught containing camphor mixture, and tincture of opium; lime water to be taken during the day, and nutritious diet, consisting of a good proportion of *fresh* animal food.

Nitrate of potash acts in these cases most beneficially, not only in keeping the skin in a healthy state, but also by increasing the watery constituents of the urine, thereby diluting it, and rendering it less irritating to the bladder. The camphor and opium are serviceable in preventing spasmodic contraction of the bladder, and in subduing irritation.

The indications for alkalies are so manifest, that no explanation is required for their having been ordered. Of these I have derived most benefit from lime water taken with equal parts of milk, and used, not as a medicine, but as the ordinary drink of the patient. Most invalids become very fond of it, after the three or four first days.

It may appear unscientific to order animal food, in the lithic acid diathesis, seeing that we thus supply the system with nitrogenized elements, and consequently with materials for the formation of urea; yet the harm we do is more than compensated for, by the benefit to the system generally; for though, in a chemical point of view, we ought to withhold azotized substances in the uric acid diathesis, yet pathology has shown that we must first relieve the debilitated and irritable state of the system, in such cases, before we can look for a *permanent* improvement in the renal secretion.

A perseverance in the above treatment was completely successful; on the third night of treatment, for the first time in his life, he avoided wetting the bed, and on the 2d of April the urine was 1021 in spec. grav.; it reddened litmus paper slightly, and deposited triple phosphate in considerable quantity. Dr. Charles Campbell was present at this analysis of the boy's urine. From this time forward, his general health greatly improved, and the power of retaining his urine continues unimpaired.

IV.—A gentleman of great intellectual attainments consulted me, when practising in Dublin, under the following circumstances. He and a friend had gone on an excursion, during which they had indulged in claret and champagne, wines to which they were unaccustomed. My patient soon became affected with great and frequent desire to make water, accompanied with pain over the region of the pubis; but these symptoms were not productive of much annoyance, nor did they excite much alarm, for, it being hot weather, he also drank freely of cooling beverages, and attributed the frequent micturition to this cause. The symptoms not disappearing on his return to his ordinary mode of life, he was induced to consult me. I found him in rude health; every function performed with regularity; the urine voided in my presence appeared perfectly healthy; the slight trace of opacity produced by adding nitric acid was so trifling that I attached but little importance to it; it was also alkaline, and of high specific gravity. On examining it with the microscope, pus globules were discovered. I now ordered him to save for me the urine passed next morning, and on examining it, I was really surprised at the quantity of pus globules it contained. As there was no evidence of dis-

ease of the kidneys, ureters, or urethra, I treated him for chronic cystitis, and with success. The microscope was of the greatest assistance in the diagnosis, but it was infinitely more useful in the latter stages of the disease, for I was induced, by the evidence it afforded, to persevere in my treatment, long after the urine ceased to throw down a deposit perceptible to the naked eye; and I have no doubt that without its aid I should have left off the remedies long before the disease was completely eradicated.

V.—Some months ago I was requested by Dr. George Campbell to allow him to examine with my microscope the urine of a young gentleman, who labored under symptoms of stone, and in whose bladder Dr. C. had distinctly felt a small calculus some time previously.

It appeared that though the patient had voided the urine through the urethra, yet the symptoms of calculus still remained, and the urine continued to throw down a copious deposit, and retained its highly acid qualities. On placing a drop of it under the microscope, the sediment was found to be composed of immense lozenge-shaped crystals of lithic acid. Dr. C. informs me, that notwithstanding the employment of measures to correct the formation of uric acid, and to improve the general health, the young gentleman still labors under many of the symptoms for which he was consulted; and from what I have heard of his case, I coincide with Dr. C. that it will be extremely difficult to prevent the formation of a stone. Though the employment of the microscope has not led to as satisfactory results in this case as in the others, yet its extreme value in clearing up the diagnosis cannot be questioned. Indeed Dr. C. was himself so convinced of its importance in practice, that he immediately determined to procure one for his own use.

VI.—A strong healthy man, aged 30, who had been under the care of my colleague, Dr. Hall, in the Montreal General Hospital, for gonorrhœa, and was discharged cured of the complaint, came to me about a month after his dismissal from hospital, complaining of frequent desire to make water, and of pain and difficulty in doing so. As there was no discharge whatever from the urethra, I thought it advisable to pass a catheter, and not meeting with any obstruction, I collected the urine drawn off by it, and examined it at the moment. It was slightly acid, spec. grav. 1024, at temp. 72° Fahr., coagulated on addition of nitric acid, and yielded an abundant exhibition of pus globules on examination with the microscope. Having no symptoms referable to disease of the kidneys, I treated him for cystitis, and with decided benefit at first, but as he had not a comfortable residence, and was obliged to walk a great distance to my house, in the late hot weather, I recommended him to enter the General Hospital under my care. Here I had frequent opportunities of directing the attention of the students to his case. The urine being again examined, exhibited not only a deposit of pus globules, but also of blood globules. Notwithstanding this unfavorable complication, he was discharged about five weeks after admission, perfectly cured.

In this case I injected nitrate of silver solution into the bladder; the quantity of pus immediately diminished, and after the third injection

completely disappeared. The microscope was of the greatest aid to me in every stage of this interesting case.

VII.—Through the kindness of my friend and former preceptor, Dr. Hutton, Surgeon to the Richmond Hospital, Dublin (whose grand discovery of the modern method of applying compression for the cure of aneurisms, places him in the highest rank amongst the surgeons of Europe), I was enabled to examine the urine of a little girl, from whom he had removed a mulberry calculus. Notwithstanding that the operation was most successful, the patient did not gain strength and flesh, in proportion to the expectations of her medical attendant. Having examined the urine, I found it still throwing down copious deposits of the oxalate of lime crystals, and a great quantity of epithelium. It was then quite clear, that though the calculus was removed, yet that the oxalate of lime diathesis was still present, and that until this peculiar state of the system was improved, no amendment of the general health could be expected. Attention to this circumstance soon substituted a lithic acid deposit for that of oxalate of lime, and this change was followed by the patient's restoration to health. Here the microscope not only led to an immediate change of treatment, but in all probability prevented the formation of a second mulberry calculus.

I could enumerate several other cases of urinary diseases, in which this instrument has afforded the greatest assistance in diagnosis; for I make use of it almost as frequently as I do of the stethoscope, where that instrument can be employed; and I have no hesitation in stating, that it is equally important in practice, more demonstrative in the phenomena it discloses, and, if possible, more agreeable in its study. It is not merely in the analysis of the urine that the microscope is of use to the practitioner, but likewise in the examination of all the other fluids poured out, both in health and disease. It is more readily employed than chemical analysis; for at one glance, we can tell the constituents of the smallest quantity of a fluid. We all know, that we sometimes meet with diseased secretions, the true nature and composition of which, we should much wish to ascertain; and it not unfrequently happens, that those products occur in such small quantities, as to prevent an accurate chemical analysis being made. But this objection cannot be urged against the microscope, for a drop, nay, a quarter of a drop, is quite sufficient for our purpose.

The chemist having once made his experiment with a fluid, has done with it, he cannot repeat it, nor can he demonstrate the changes that have taken place in the same substances a second time. Not so with the microscopist; he can examine the same drop with powers varying from the lowest to the highest range, and with different intensities and varieties of light and shade.—*British American (Montreal) Journal of Medical Science.*



## CASE OF DESTITUTION OF MORAL FEELINGS.

By Eliza W. Farnham, Matron of the Mt. Pleasant State Prison, Sing Sing, N. Y.

J. S., a colored girl, about 18 years of age, was convicted at the Oswego Circuit, in 1843, of arson in the third degree, and sentenced to this prison for the term of two and a half years. About six months of this sentence had expired, when I took charge of the prison, April, 1844.

Her anomalous character soon attracted my attention, and I found her properly classed with some eight or ten others as eminent for disorder and violence. Her name was on the tongue of both officers and convicts. The former spoke of her as one of those incorrigibles who were then keeping the institution in perpetual disorder; while the latter generally spoke of her with execrations, and sometimes with a fretful and impatient sort of pity.

On all hands I was informed that she was unconquerable; that she not unfrequently banished rest and quiet from the prison for 24 to 48 hours together; that her devices were inexhaustible—her perseverance unflagging—and her endurance incredible. When, therefore, it became my duty to take the government of her seriously in hand, I felt the necessity of seizing upon the first development of the mischievous disposition, to make, if possible, an impression upon her mind of a distinct and influencing character. I did not wait long for an opportunity, for notwithstanding the most vigilant attention, and the greatest patience on the part of the lady having immediate charge of her, she was reported to me as having wantonly violated one of our most wholesome regulations.

Having taken her to my office, I spoke to her plainly and thoroughly of the natural tendencies of her mind—the results to which, if indulged, they would lead—the practicability of restraining them—that the design of her imprisonment was to teach her the *necessity* of this self-control—that I would explain to her then and at other times the *methods* of doing this, and otherwise aid her to this end, as her wishes and need might require. In short, I presented to her as striking a view of herself, and the destruction to which her course was tending, as I was able to do, and strove to impress her with the sincere sympathy and kind solicitude which I felt for her, and my hope that she might succeed in restraining herself so as yet to be useful and happy.

To these thoughts and feelings she seemed partially to respond; and indeed went to her room weeping, and protesting that she would on no account do wrong to one who treated her kindly—and that she would do her utmost to control her temper and love of mischief.

In a few days, however, she was reported again, for an offence trivial in itself but committed in such a manner as to manifest a determined disposition to set the laws of the prison at defiance. Resolved to make a thorough experiment upon her, I again took her apart, and admonished her kindly as before, and urged the fact that if such means as these did not induce a reformation, she would ultimately compel me to adopt severe measures for the correction of her offences. I observed that the impression made by this second interview was much weaker than that produced

by the first; and began to suspect, what finally occurred, that I should be forced to adopt harsher measures and appeal to her fears before I should succeed in laying any restraint upon her propensity to misrule.

One evening, soon after this, accordingly, I was requested to go into the prison to attend to her again. It was near 9 o'clock, and she was making a great noise, disturbing the quiet and comfort of all the inmates. I caused her to be taken to the outer ward, and when there inquired the reason of her conduct. She replied that she was suffering from the toothache and could not keep still. Suspecting that she feigned this excuse, I desired her to show me the tooth affected. Whereupon she laughed, concealing her face, and writhing to contortion her whole person. She was very reluctant to do what I desired, and did not until twice commanded imperatively. She then opened her mouth, which she said was painful. It was entirely sound, as were all her teeth free from spot or defect of any kind, as well as from all nervous excitation. I however gravely asked her how long it had ached; and she again concealed her face and evidently enjoyed a hearty laugh. At length, however, she replied that it began to ache after going to her room.

Having detained her about ten minutes with these and like inquiries, I told her that having, without apparent effort, been comfortable and quiet that length of time, I did not doubt her ability to continue so after she should go to her cell, that I knew her tooth did not ache, and that at the first outcry, after entering her cell, I should take immediate measures to procure silence. After representing to her the extreme cruelty of keeping her fellow prisoners awake, and that if I should resort to severe measures to prevent it, she would be indebted to herself alone for the sufferings which might ensue, I sent her away, and returned to my rooms. A few minutes afterwards, however, she again broke out into the most frightful howlings and imprecations; and returning, I had the gag and straight jacket applied. These were not completely effective. The gag in particular was somewhat defective, and allowed her to articulate some words even, and by no means prevented from uttering her diabolical yells. Soon she succeeded in stripping herself of both, and became more noisy and fiendish than ever, and thus the night passed, she making incredible efforts to be troublesome, and everybody else in the building annoyed and surprised at her mischief and malignity.

The next morning she was less noisy, but far from being as silent and decorous as the rules and comfort of the prison required. I therefore directed her to be put on bread and water until I should deem a change advisable. And thus fed I retained her in solitary confinement twenty-one days. At the end of this time she was permitted to take her cell again and her seat among her fellow-prisoners. But scarcely four weeks had passed before a similar scene was enacted, and followed by ten days solitary confinement. As before, so now, she was visited daily and conversed with in regard to her conduct in every manner most likely to persuade her to a better course. But she had been released only eight or ten days when she again became refractory, and was again plied with the straight jacket and gag.

On this occasion I had procured a straight jacket of improved construction ; and yet she succeeded in escaping from it, and it seemed a mystery to me how this was done ; and I had it more firmly replaced, and laying her prostrate upon her wooden bedstead had a cord wound around it, and herself from head to foot, and tightly fastened. This was done by a strong, able-bodied man, and I thought skilfully done ; and yet she freed herself from these restraints in little time. Again the gag and jacket were put on, and she lashed down to her bunk as before. I now determined to have the progress of her next effort at victory witnessed. It appeared that she was no sooner left than she commenced a series of *serpent-like* contortions, and continued them until she had wound herself quite out of the ropes, and released herself from the gag and jacket. I was the more struck with this statement, as I myself had noticed in all her movements, actions or marked resemblance to those of that reptile. Her skin also was spotted like a common species of snake, and her pulse, even in health, was so small as scarcely to be perceptible, and her flesh cold.

These facts in her physiology, I ought to add, were so distinctly marked as to strike the attention of every one acquainted with her ; so much as to be a subject of frequent comment among her fellow prisoners ; and were always recognized by the officers of the institution.

Her powers of endurance passed belief. On the occasion last referred to, we succeeded, after several trials, in securing her in such manner that despite her struggles, the gag and jacket were kept on thirty-six consecutive hours ; and this without food, and after nearly twenty-four hours of previous confinement and such violent efforts to extricate herself as I have described, and notwithstanding repeated proffers to liberate her if she would submit.

During this siege, and before her submission, I was not a little disheartened and at a loss what next to do. The prison furnished no proper facilities for treating such a case. I had at that time no ward detached from the main building where I could confine her ; no way, in short, to procure submission, but by a straight-forward contest, in which, thus far, she had the most decided advantage, and seemed almost miraculously endowed to persevere in it.

At the end of the time last named, she had again by her remarkable efforts freed herself, but was far from being either exhausted or subdued. For no sooner had she laid aside the jacket and gag, than she recommenced the noise apparently as fresh as at first. Painful as it was, therefore, I had no recourse but to replace the instruments of restraint, and about thirty hours more were spent by her in that condition ; she now appeared somewhat fatigued—not exhausted—but a little softened. I therefore took off the jacket and gag, and kept her still in a dark cell ten days on a diet of mere bread and water. She was then removed to the outer ward, which was then fortunately completed, and there kept about three months, most of the time on the bread and water diet.

For the first time she now exhibited something like a subdued spirit. Long confinement and abstinence had reduced her physical energies ; and she came out comparatively tame. I never again had occasion to



resort to anything but solitary confinement. Into this she would go quietly, and remain silent enough to escape more rigorous measures. But more than half the remainder of her term was spent in solitary confinement. When let out she would go on tolerably awhile—but with continually increasing difficulty, until I would be compelled again to seclude her from her companions. Her perversity, in fact, never flagged, and her physical endurance and wilfulness were never subdued—her fiendishness never checked, even, with anything like an abiding, controlling restraint for a single day during the years that she remained under my charge, and although moral suasion which it was in our power to reach, was sedulously used in her behalf, yet when she left her lonely cell for the world again, I fully believe that her whole nature was as obdurate as possible. Apparently a spiteful snake in human form! In truth, with many of the characteristics of a cold-blooded animal—such as torpid circulation, cold surface, &c., she was also utterly restless. She never seemed to require or enjoy repose. And yet, though capable of the highest degree of physical action, and apparently supplied with a really wonderful amount of nervous stimulant, such was her love of mischief that she would manage by false motions to accomplish less in a day than some others of half her powers did in half that time.

She was a most wonderful liar in word as well as deed. In the former she was if possible more artistical than in the latter. The most astonishing fabrications were the spontaneous product of her mind. They were put together in such a manner, and made to bear such a relation to known circumstances, and related with such gravity and form, that those who heard them could scarcely do less than give them credence.

With all this perverseness, she possessed quick perceptions, good reflective capacity, and a large share of ideality, marvellousness and imitation. She was wholly uneducated, not even knowing the alphabet. She had much love of paintings and drawings, and sketched with spirit, taste, and considerable correctness. But no human kindness had she; nothing human, indeed, but her form—an idiosyncrasy of her race.

From all the study which I was able to bestow on her case, I became clearly convinced that by far the greater portion of her violence and resistance was irresistible, a species of insanity, indeed, arising from some congenital cause. Whether the very striking physical peculiarities which I have named were any indication of this, I leave for others to determine. I may add, that she left the prison on the first of April last, friendless and destitute, except of the small pittance with which the law permitted her to be furnished. A lamentable case, and one of many illustrating the inhumanity and indifference of the law to the welfare of those who fall under its penalties.—*American Journal of Insanity.*

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#### TYPHOID FEVER.

In a Letter from Cincinnati, by Daniel Drake, M.D.

I HAVE lately assisted in the *post-mortem* examination of two patients who died after several weeks of illness, with symptoms answering very

well to Louis's description of typhoid fever, and *not* answering to the symptoms which characterize the typhus fevers which I formerly saw prevailing here. Both the patients were men in the earlier periods of middle life, and both were "new comers" here; reminding one of the class of patients in the practice of Louis. In one, the inflammation of the glands of Peyer extended along the lower five feet of the ileum, and for half that distance towards the cæcum they were in a state of ulceration. The lowest four inches of the small bowels presented ulceration of the intervening mucous membrane as well as of the elliptical patches, and the parietes of the tube were greatly thickened. In the other case, this thickening did not take place, and the consequence was the sudden death of the patient, after the fever had nearly ceased and he seemed to be convalescent. His physician, one of my friends, left him in the evening with a pulse at 72, but soon after reaching home was recalled. The patient had been suddenly seized with extreme pain just above the symphysis pubis. As yet his pulse was not much affected, but by morning it had become small, weak, and frequent, and his skin was covered with a clammy sweat. I saw him in the afternoon, when his abdomen was slightly tympanitic, his pulse thready, his countenance Hippocratic, and he was ejecting fluids from his stomach, by a kind of hiccup, or paroxysmal regurgitation, precisely similar to that which brings up the fatal black vomit of yellow fever. At two o'clock the next morning he expired. On opening the abdomen, a quantity of serum and lymph, colored with feculent matter, was found in the right iliac region and pelvis. The omentum was engorged and cemented to the intestines, which were covered with soft membraniform lymph. On further examination we found a circular perforation of the ileum, large enough to receive the quill with which I am writing, about two feet above the ilio-cæcal valve. It had occurred in the centre of an ulcerated elliptical plate, and not the least effort had been made by the *vis medicatrix* to thicken or sustain the peritoneum, at that point. It did not even present any hyperæmia. A number of the glands of Peyer were inflamed, and several of them ulcerated; but the lesions were not of such extent but that the patient might have recovered, had not the perforation led to a suddenly fatal peritonitis. It is worthy of record, that the attending and consulting physicians of this patient, both highly intelligent and respectable members of the profession, suspecting, from the general symptoms, an affection of the glands of the ileum, had made repeated examination of the ilio-cæcal region, and the patient always answered that there was neither pain nor tenderness. It is also deserving of record that in our *post-mortem* examination of the other patient, in whom so much ulceration existed, extending, as I may here add, into the cæcum and colon, we found, in the intestines, the usual quantity of healthy fæces. The two facts taken together show, that absence of pain and soreness under pressure and the presence of healthy alvine discharges, may coexist with fatal lesion of the glands of Peyer; and that the diagnosis of such cases is, therefore, of a very doubtful and uncertain kind. How many other cases of the same sort with these have occurred in the "Queen City" this summer, I cannot say;

but from what I have heard, I suppose there have been several. Indeed, just before the death of these patients, I was called into consultation, by one of our most promising young physicians, over a gentleman of nearly the same age with the other two, who had manifest symptoms of an acute *typhoid* fever, with decided, even peritoneal affection of the right iliac region. The early loss of fifty ounces of blood, which was buffy, arrested the disease. This fever I suppose to be of the same kind with that which has prevailed, more or less, for several years past in the interior and oldest settled parts of Kentucky; and may be among our *increasing* diseases. If so, it is entitled to great attention; just as an invading army should be more vigilantly watched than one which is retreating. If, with the "progress of years," typhoid fever should replace our autumnal remittents, we should not, I fancy, gain very much by the change. I wish it were possible (in a successful and pointed manner) to direct the attention of our readers upon this form of fever; and especially upon its connections with autumnal fever, which seems frequently to modify, and be modified by it. Can any one tell whether those cases of remittent bilious fever, which, in their latter stages, exhibit typhoid symptoms, are accompanied by lesions of the ileum?—*Western Medical Journal*.

#### DR. FAHNESTOCK'S "ARTIFICIAL SOMNAMBULISM."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me to remonstrate against your giving publicity to such absurd and contemptible exhibitions of folly, as the late article of Dr. Fahnestock, of Lancaster, Pa., who, it seems, has turned miracle-monger, by embracing the broad farce of mesmerism, resigning his reason, and consenting to be the dupe of his delusions. Neither his former professional character (now that he has forfeited it), nor the complaisant endorsement of Dr. Lee, who chooses to become his sycophant, should warrant you in defacing the pages of your Journal, by allowing it to become the record of self-stultification by men who will very soon become ashamed of the frauds of which they are now the victims. There are periodicals open to the lying wonders of mesmerism, now surpassing in their monstrosity anything related by Baron Munchausen, or written in Gulliver's Travels! and all the devotees of the sect may therein write their own epitaph, and indulge their cacoëthes to surfeiting, while they continue to grope beneath the very error of the moon. But in the name of our degenerate and degraded profession, let not your Medical and Surgical Journal contribute to give even a "mortal immortality" to the divorce of science from common sense, for which so many of the fraternity are diligently laboring.

Your timely caveat demonstrates that you are not within the charmed circle, and hence you insert the article under protest, proffering to furnish the parties a multitude of similarly-attested mesmeric *facts*, equally true and wonderful, in the nightly repetitions of mountebanks, in Boston, for a York shilling, which is the fee of those who live by their wits without



money, by plundering their victims of both wits and money. But still I question the benevolence of allowing any man to write himself down an ass, in so respectable a Journal as yours, however he may be prompted to the self-sacrifice. His monomania will not always last, and meanwhile his friends should be considerate of his infirmities, and protect him from himself.

It is not enough, it seems, that we are to believe in physical effects produced by metaphysical causes!—not enough that we should swallow the stories of the voluntary and involuntary suspension and resuscitation of vitality at the will of the magnetizer, by whose fiat the phenomena of life are withheld or imparted from the whole or any part of the human body at pleasure!—not enough that we should admit that innervation, and all the physiological functions of which it is the source, can be looked or touched into annihilation by the magic of mesmerism! but we are now called upon to believe that the decree of the Creator inflicting the pains and sorrows of child-birth has been and can be defeated at pleasure, either by the woman herself when instructed by Dr. F., or without her consent by the doctor's magic power. So that henceforth it shall no longer be true that "in sorrow shalt thou bring forth children," at least when Dr. F. or those equally versed in the mysteries of "the science" can be in attendance in the lying-in chamber!

One cannot help imagining that all this sublimated humbug has its origin in the doctrines taught by the celebrated and Reverend! Doctor! Dods!! that "God is electricity, and electricity is God!" Such is the impiety and blasphemy to which mesmerism legitimately tends.

New York, October 12, 1846.

AN OLD SUBSCRIBER.

#### THE LATE DR. S. B. FULLER, OF HARTFORD.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I take the liberty to furnish you with a brief obituary notice of the late Samuel B. Fuller, M.D., of Hartford, who died on the 17th of Sept. last, after a few weeks sickness with phthisis pulmonalis, aged 34 years.

Dr. Fuller was the youngest son of Silas Fuller, M.D. of this city, so well known throughout the State as one of our most eminent physicians and surgeons. The deceased graduated at the Medical School of New Haven in the winter of 1842, and soon commenced the duties of his profession with prospects fair for usefulness and success. But the prospect which was then so fair and unclouded to him, and big with hopes of the future, became suddenly and sadly changed, and the sun of his life early sunk to rest. Dr. F. was highly esteemed, not only by his professional brethren, but by all who had the pleasure of his acquaintance; he was possessed of fine feelings, and of an amiable and mild disposition. He lived a christian, and he died sustained by the christian's hope—which hope is the promise of the *resurrection from the dead*. His wife and three little children, whom he left to mourn his loss, have the sympathies of many friends.

DAVID CRARY, M.D.

Hartford, Ct., Oct. 12, 1846.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, OCTOBER 21, 1846.
 

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*Tedious Narrations of Patients.*—One of the annoyances connected with the practice of medicine, with which all physicians are familiar, but which few have the moral courage to resist, is the disposition, if not the determination, of patients of certain orders, to recite, with tedious minuteness, not only all the aches and twinges that they have felt, but their opinions in regard to the causes, and, also, their views of the method of treatment. This is scarcely to be endured, by the best bred men in the profession, through one half the story. No one at all conversant with every-day practice, escapes this abominable evil, which increases with the years of those who have contracted this habit of boring their medical attendant. A gentleman of great medical distinction, in this city, was consulted by a woman, a year or two since, who kept up such an unceasing gabble about her symptoms, the vast amount of money she had paid for advice, the celebrated men who had examined her case, together with her own conception of the true nature of her complaints, that the quiet doctor, who had tried repeatedly to get a word in, raised his hands in despair, and exclaimed, "Madam, there is one disease of which you never can be cured." "Pray what is that, sir?" she eagerly asked. "An everlasting motion of your tongue," said he, and left her to meditate on her own condition, which she professed to understand better than any one else.

This habit generally results from an imperfect knowledge of the true principles of politeness, together with an over-activity of those cerebral departments where phrenologists suppose vanity is elaborated. It is to be lamented that the usages of society oblige physicians to listen to long, uninteresting descriptions of feelings, minute statements respecting the day of the week and the hour when a pill was taken, the direction of the wind, &c. &c., because it gives him little or no correct knowledge of the case, and it draws largely upon his time, which is always precious, but particularly so to a general practitioner in the country, whose rides are often fatiguing, frequently solitary, and, worst of all, often unprofitable.

If there is a remedy for this acknowledged evil, the only hope of relief must be found in resolutely impressing it upon the minds of over-talkative patients, that a personal examination of the case, with such explanations as are necessary, and no more, on their part, is enough. To be respected, we must command respect by courteous manners, and by never allowing ourselves, in our intercourse with the sick, to be guilty of the same weakness that we condemn in them.

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*Adulteration of Medicines.*—"There are tricks in all trades but ours," according to the proverb; but if we were disposed to believe this was true in regard to dealers in medicine, we should do so no longer after reading a treatise on the adulterations of the various substances used in medicine and the arts, which has lately come under our notice. We were not be-

fore aware of the extent of the iniquity practised by the dealers and manufacturers. Dr. Lewis C. Beck, Professor of Chemistry in the Albany Medical College, is the author of the work, which is just from the press, and is entitled "Adulterations of the various substances used in medicine and the arts, with the means of detecting them; intended as a manual for the physician, the apothecary and the artisan." All the arts and devices of unprincipled men who cheat in drugs, are minutely exposed. If, after this, any one buys a poor article, we can say to him as the printers do to those who are taken in by an often-described counterfeit bank bill, "you might have known better."

In some parts of the world we are compelled to believe that cheating is a regular business, and that a branch of the trade consists in adulterating medicine; but here in the United States, apothecaries, within the range of our acquaintance at least, are honest men. "Evil communications," however, "corrupt good manners," and the art of mixing Indian meal with pulverized rhubarb, starch with the sulphate of quinine, &c., may possibly by and by be a common affair even here. To adulterate arsenic, ergot, and even cayenne pepper, with saw dust, shows that the demand for these articles is active, and the profit is of course great. Many a life may have been lost in consequence of the inertness of medicines prescribed with high hopes and expectations of relief. This book, therefore, is a desirable assistant, like the counterfeit detector at the banks, not only in putting us on our guard, but showing the exact chemical process for detecting frauds in drugs, oils, and most of the chemical compositions used in the modern arts. Dr. Beck has laid us all under great obligations by this timely, warning volume.

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*Chemistry of the Four Seasons.*—This is a delightful publication. The author is Thomas Griffiths, Professor of Chemistry in the Medical College of St. Bartholomew's Hospital. It is a parlor, a window, or a library book, and, open where we may, there is something to interest and instruct us. The chemistry of spring considers the germination of seeds, the changes of their proximate principles, induced through the agencies of earth, air, water and heat. Following this beginning, all the phenomena of growth in the vegetable kingdom, and the vast variety of changes that take place in every stage of vegetable existence, are explained. The chemistry of summer is a continuation of the same series of subjects, together with curious observations on the influence of heat, the density of the atmosphere, temperature, evaporation of water, &c. &c. Autumn, with her golden harvests, is rich in materials for the philosopher. Here, the doctrine of marsh miasm, malaria, the nature of infectious matter, &c., are investigated. Lastly, winter, with all its chills, its dreary associations and discomforts, is made charming under the minute inspection of Mr. Griffiths. The transition of water into ice, petrifying springs, the formation of snow flakes, nature's mode of preserving aquatic animals in ice, the formation of frost and icicles, the clothing of quadrupeds, latent heat, &c., are among the multitude of topics discussed in this division of the volume. As a whole, all persons of taste, refinement of moral sentiment, or religious feeling, will dwell with enthusiasm on the facts and arguments adduced by Mr. G. A leading object with the author is to illustrate passages of Scripture. As the end of all science is to explain to our com-



prehension the permanent laws of God, this book is a treasure. Copies of this, and of Dr. Beck's work, are on sale at Ticknor & Co.'s, Washington street.

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*Hartford (Conn.) Medical Society Regulations.*—Through Dr. Crary, of Hartford, the Journal has been furnished with a copy of the rules of government of the Hartford Medical Society, to which a fee table is appended. The gentlemen associated have strongly fortified themselves against all misunderstanding; but if any difficulties hereafter should occur to mar their social intercourse, an appeal to the system of government they have adopted, must be the most satisfactory mode of settling them. The tariff of charges is moderate—quite as much so as it ought to be in a city, where the personal expenses of a physician must necessarily be more than in the interior of the country.

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*Prof. Agassiz.*—Naturalists must all be familiar with the reputation of Prof. Agassiz, of Neufchatel, who has distinguished himself in geological researches, and especially by the light he has thrown on fossil fishes. Some of the published works of this gentleman are very splendid productions. Prof. Agassiz, we understand, was educated a physician, but for the last fifteen years has devoted himself exclusively and passionately to the cultivation of natural history and geology. He has already been engaged to deliver one of the courses of lectures before the Lowell Institute, in this city. As he proposes to remain about two years in this country, he will probably visit, before returning home, whatever is most interesting to a learned European in the United States.

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*Mortality in Montreal.*—By the bill of mortality for the city of Montreal, published in the British American Medical Journal, it appears that the destruction of life among infants has been great there the past summer, as well as in other places. During the month of August, the whole number of deaths was 292, of which 125 were children under 5 years of age. A different nomenclature seems to be in use there, from the one we are accustomed to, or else diseases are differently manifested, as 34 deaths under 3 years are reported as from *consumption*.

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*Election of Medical Professors by Concours.*—The mode of electing important medical officers by *concours*, or a public examination of candidates, which is in vogue in Paris, and which has given occasion there for some of the most brilliant displays of medical erudition, as well as self-collection and ready skill in public disputation, is to be adopted at the School of Medicine and Surgery in Montreal, in the choice of lecturers to fill the chairs of Institutes of Medicine, Medical Jurisprudence and Botany, which is to take place on the 28th of November; and also in the choice of second Demonstrator of Anatomy, on the 30th of November. The candidates must understand the French and English languages.

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*Mortality in St. Louis during 1845.*—Dr. Victor J. Fourgeaud, in the September No. of the St. Louis Medical and Surgical Journal, states that the total amount of mortality in that city for the year 1845 was 1694, of

which 945 were children under 7 years of age, and 749 was the number of deaths comprising all persons over 7. The mortality among children under 7 surpassed that of all persons over that age by 196; and it exceeded that of all persons over that age for every month except those of April, November and December.

The month of September was the most fatal, the deaths amounting to 254, of which more than one half were children. The month of February was the most favorable, only 60 deaths having occurred.

The total amount of deaths for 1845 exceeds that of 1844 by 109, but if we consider the rapid increase of population, we will not be far from truth in putting down the ratio of mortality for 1845 about the same as for 1844, viz., 1 in 23.

The months of June and September were the most unfavorable to children, 147 having died in the former, and 128 in the latter. The months of April and November were the most favorable, 36 deaths having occurred in the former and 38 in the latter. The following diseases were the causes of death in a majority of cases:

Cholera infantum, 166; dentition, 133; inflammation of the lungs and appendices, 62; consumption and marasmus, 58; convulsions, 54; enteritis, 44; inflammation and congestion of the brain, 35; hydrocephalus, 35. There were 63 stillborn and premature births terminating fatally.

Three thousand one hundred and fifty-five children under 7 years of age died in St. Louis, during the last five years. The whole number of deaths for the same period being 6,011, of which 2,856 were persons over 7 years of age, it follows that the mortality among children exceeded that of all persons over 7 by 299.

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*Protracted Gestation.*—In the 15th No. of the last volume of this Journal a case was referred to, in which, in a trial for fornication and bastardy, in Lancaster, Penn., it was decided by Judge Lewis that a pregnancy of three hundred and thirteen days, which it was necessary, for the conviction of the defendant, to acknowledge had occurred in the person of the prosecutrix, was possible, and the jury accordingly convicted him. Some further account of the case is given in the last No. of the American Journal of Medical Sciences, from which it appears that medical witnesses were called both for the defence (which was the impossibility of so long a period of gestation) and the prosecution. Dr. J. L. Atlee, for the prosecution, related two cases in his own practice in which, he said, the patients must have gone at least ten calendar months; and a lady of respectability testified on the trial that in the case of her seventh child the period of gestation was over ten months, and seven months after quickening. The Judge, in his charge, argued mainly from analogy. We think his reasoning exceedingly specious, however, when he attempts to find an analogy for such protracted gestation in instances in which human life extends beyond "three score years and ten." The following is part of his charge:

"The heads of wheat in the same field do not all ripen together. The ears of corn on the same stock do not all come to maturity at the same time. Even the grains of corn on the same ear ripen at different periods. The fruit on the same tree shows the like deviation. A portion will ripen and fall while other portions remain comparatively

green upon the parent stalk. The eggs of the fowl, under process of incubation at the same time, are subject to the same variation. In quadrupeds, if the testimony of M. Tessier be believed, we have proof of the like irregularity. Whatever may be the causes, operating in each case, to divert nature from her accustomed course, to accelerate or delay her usual progress, the human species, like the rest of creation, seems occasionally under their influences. The developments of puberty, although generally shown at a certain age, are far from regular. Some individuals approach it earlier—others later in life. Intellectual maturity is subject to the same irregularities. Some are precocious, others astonishingly tardy in arriving at the usual degree of discretion. The intervals between the catamenial visits, although in general regular and fixed, exhibit remarkable deviations. The final departure of the catamenia, although generally to be expected at a certain age, is as irregular as their first approach, and as subject to variation as were their periodical returns. A certain period of life has been usually assigned for the termination of a mother's perils, but the instances of extensive deviations from this general rule are numerous and well-established. The gestation of one child at a time is according to the course of nature, but the births of twins, triplets, &c., furnish indubitable proofs of astonishing departures from the usual course. The sensations of the mother produced by the elevation of the fœtus from the cavity of the pelvis (called quickening), although usually occurring at a certain period, are known to be subject to the like departure from the usual time. It has been said that human life does not generally extend beyond 70 years. But if this be the general rule, the departures are numerous. The most distinguished jurist, perhaps, now living in the whole world (Chancellor Kent), will be 83 years old on the 31st of July next; and yet, within a few days I have been honored by the receipt of a letter from him, under date of the 18th inst., in which he states that he is still in "good and active health—that his relish and ardor for studies and legal learning continue unabated—that he has the blessing of good eyes, and that he is still an observer of what passes with lively sensibility." This instance may serve to illustrate not only the occasional deviation from general rules respecting the duration of human life, but the like variation in respect to intellectual vigor, by which one individual attains a pre-eminence over the generality of mankind. All nature abounds with occasional departures from her general customs. Even the compass, which guides the mariner on the trackless ocean—which enables science to fix with reasonable certainty the boundaries of kingdoms and farms, and the truthfulness of which to its accustomed law has been perpetuated by a proverb—is subject to mysterious but acknowledged variations."

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*Death of a Physician by the accidental Use of Strychnine.*—The Vermont Watchman, published at Montpelier, announces the very sudden death, at that place, on Sunday morning, October 12th, of Dr. William Cullen Warner, representative of the town of Bristol, aged 42 years. By a grievous mistake, Dr. Warner took a large dose of strychnine, which, in spite of the immediate services of a physician, resulted in death in the space of ten minutes. The members and officers of both Houses, the officers of the State and National governments, present in town, and the



citizens generally, expressed their respect for the deceased, by uniting in the funeral services. Dr. Warner doubtless intended to take a moderate dose of morphine, for the relief of neuralgia, but he unfortunately substituted a dose of one of the most virulent poisons known.

*Means of Preventing Bed Sores.*—Dr. T. Purefoy has employed partially inflated bladders with success as a support to parts long and unduly subjected to pressure. The bladder is to be previously moistened in tepid water, afterwards oiled, and subsequently partially inflated. He has found this means to promote the comfort of the patient and to obviate sloughing of the integuments.—*Dublin Med. Press.*

*Medical Miscellany.*—Cholera morbus is spoken of as being quite fatal in the eastern part of New Hampshire.—J. Scudder, M.D., in the missionary service, is expected to sail for India early next month, with his family.—At San Antonio, Dr. Hope, of the Illinois volunteers, and Dr. Price, of the same body, fought a duel, but no harm resulted.—The cholera is still raging at Teheran—two of the Shah's sons have died with it. Such is the alarm that the Court of Persia has probably abandoned the capital of the kingdom by this time, unless the disease has abated.—Much sickness prevails at the Navy Yard at Pensacola.—Dr. Luther, a dentist, of Boston, is the inventor of a new tooth wash and dentifrice, which is much applauded by those who know the composition.—A Dr. Thomas has been engaged in a duel at New Orleans, and was severely wounded in the thigh by his antagonist's sword.—A great hydropathic establishment is to be constructed at Northampton, Mass., to be placed under the care of Dr. E. E. Denniston.—Dr. C. H. Stedman has been re-elected Physician and Superintendent of the Boston Lunatic Asylum.—Strange stories are related in the papers of a wonderful preparation, in this city, by administering which, a patient is affected just long enough, and just powerfully enough, to undergo a surgical operation without pain.—Mr. C. H. Cole died at Exeter, N. H., last week, from the effects of a sixpence which he had accidentally swallowed eight years before. An examination of the body was made, and the coin found lodged in the right bronchia, the lung being in a state of complete gangrene.—A lady, 90 years of age, residing at Cold Spring, has recently cut four front teeth—being the third set—and her eyesight has so far returned that she can see without glasses.

MARRIED.—In Boston, Dr. George H. Lyman to Miss Maria C. R. Austin.—Dr. Moses P. Greenleaf, of West Newton, Mass., to Miss S. A. Allen.—At Blandford, Mass., Edward W. Hatch, M.D., of Caldwell, New Jersey, to Miss Nancy Boies, of the former place.—At New York, L. Bugbee, M.D., of Bristol, R. I., to Miss J. T. Hazard.—At New Orleans, Dr. George M. Saunders to Mrs. Harriet L. Kent, of Middletown, Conn.

DIED.—At Lyme, Conn., after a lingering illness, Dr. John C. M. Brockway, aged 62.—At Granville, Ill., Dr. John Church, formerly of Amherst, Mass., 55.

*Report of Deaths in Boston*—for the week ending Oct. 17th, 43.—Males, 23, females, 20. Stillborn, 7. Of consumption, 7—disease of the heart, 1—jaundice, 1—marasmus, 2—intemperance, 1—scarlet fever, 1—pleurisy fever, 2—typhus fever, 3—diabetes, 1—hemorrhage of the lungs, 1—cholera infantum, 1—dysentery, 4—diarrhoea, 2—accidental, 1—inflammation of the bowels, 3—old age, 2—tumor, 1—dropsy, 1—infantile, 1—dropsy of the brain, 3—child-bed, 1—teething, 2—unknown, 1.

Under 5 years, 14—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 7—over 60 years, 4.

*New Researches on the Movements of the Heart.*—Most physiologists are agreed that the impulse of the apex of the heart against the thoracic parietes corresponds with its systole. The contrary opinion has, however, been maintained by several eminent writers, both in this country and in France. Signor Gola's researches were undertaken with the view of ascertaining to what movement of the heart the impulse of the apex against the thoracic parietes corresponded. Having with much care exposed the heart of a frog, he found that the contractions of the heart were accomplished in the following order:—

“The systole of the auricle preceded the diastole of the ventricle; in its dilatation the ventricle increased at its base by three lines in diameter. In proportion as the ventricle became distended, the surface became flattened on its greatest diameter, and the whole heart executed a slight movement of rotation from right to left, in consequence of the dilatation being greatest towards the right side of its base. By virtue of this rotary movement, the point moved about a line towards the left side, but was not sensibly elevated.

“To the diastole succeeded the systole of the ventricle, and during it the transverse diameter of the ventricle, at its base, diminished by three lines; but this part of the heart gained in height what it lost in breadth and extent; it took a lengthened form, and the apex was elevated from its plane and sensibly carried forwards.

“When a fine straw, fixed at its two extremities, was laid across the heart, so that during the diastole it simply touched the surface, it was sensibly raised during the systole. By placing this straw longitudinally to the axis of the heart, and allowing one end to move over a graduated scale, he found that while during the diastole the straw was only raised to the extent of one tenth part of a centimetre, during the systole it was raised eleven and half tenth parts of a centimetre.

“These and other experiments led Signor Gola to conclude that the impulse of the apex against the ribs and the contraction of the auricles coincided. In conclusion, he remarks, that he has often introduced his hand into the pericardium of animals while being slaughtered for food, and invariably remarked that the heart, during its contraction, struck with force against the hand, and the impulse was sometimes so strong as to cause a disagreeable sensation.”—*Edin. Med. and Surg. Jour.*

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*Importance of Good Diet to Insane Patients.*—Before the French Revolution, the diet at the Bicêtre consisted, Pinel says, of a pound and a half of bread daily. This was given out in the morning, and instantly devoured, the rest of the day being passed in a kind of delirious famine; as travellers now report it to be by the patients in the cages of the asylum at Cairo. In 1791, the diet at the Bicêtre was amended, the allowance of bread being increased to two pounds, which was directed to be given in divided portions, with some good soup, morning, noon and evening. The results of these changes are worthy of remembrance by the directors and officers of public institutions, who are sometimes led into inhumanity, disguised as the respectable virtue of economy. Under the old system, in 1784, out of 110 admissions there were 57 deaths. After the introduction of the new system, the mortality on the total number admitted was reduced to one-eighth.—*London Lancet.*

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## HOMŒOPATHY.

IT is well for the animal machine that it is so constituted that the causes which derange it give rise, in many instances, to a series of actions which result in its restoration to health. In other words, it is a great blessing that diseases will very frequently, nay, in a vast majority of cases, get well of themselves without the doctor's aid, and even in spite of his interference. But this blessing, like all else that is good, is liable to abuse and capable of being converted into a curse, by fallen, depraved, money-loving man. This curative power, so wisely and beneficially bestowed on organized beings, is converted into a means of livelihood and breastwork of defence by quacks and impostors, those worse than Gothic invaders of the medical profession. They administer their drugs—the patient recovers notwithstanding their nullity or want of adaptation to the disease; and the case is trumpeted forth as a remarkable cure, attested by certificates from Tom, Dick, and Harry, and some preacher! Who can resist such testimony? But for this inherent healing power in the system, the Hydra of empiricism would not have an existence. If, like a watch or clock, the animal machine, when it became deranged, had no power to repair itself, none but scientific workmen would dare undertake the task of repairing it. But it has this power in a great degree, and the dishonest pretender profits by it. He administers his impotent, if not hurtful nostrums, when nature is doing the work of healing, and thus robs her of her well-earned glory. Nature indulges in the modest silence of merit. Not so the charlatan. He blows his own trumpet, and pointing to the pills, the elixir, or the globules, exclaims to a gullible public, these be thy saviors, oh! suffering mortals! Life is precious; medicine an arcanum; the incurable still hope on when science forbids it. The quack promises. The sick man cannot realize that human beings can be so base as designedly to deceive him under circumstances so melancholy, and he takes the gilded bait so temptingly held out. Thus it is that these impostors levy heavy contributions at the verge of the grave on human frailty and misery.

We proposed when we sat down to devote a page or two to Homœopathy. In the mere treatment of disease this system, as carried out by its advocates, is not chargeable with any sins of *commission*. Its sins are those of *omission*. It is a lazy system; all it has to do is to expect, for though it makes a pretence of doing somewhat, it does nothing, basing



its prospect of success on the fact that a vast majority of diseases will get well of themselves. The homœopath does no harm *directly*, because the articles which he administers can have no effect at all. But he does harm, indirectly, by preventing the administration of remedies in those cases in which they are very much needed. Here the sin of *omission* is as grave as that of *commission*.

Of the doctrines "*similia similibus*," "*contraria contrariis*," we shall say but little. That to some extent, in some cases, a similar affection excited in a diseased organ may relieve the original affection, we shall not deny. Thus, cold applications are found serviceable to frozen limbs; yet it might be contended that in this case the cure is effected on the principle "*contraria, contrariis curantur*," for friction is used at the same time, which excites a degree of warmth. The continued application of snow would evidently destroy the vitality of the limb. The object is gradually, *very* gradually, to warm it—"contraria contrariis." But we do not propose a criticism of this leading principle of homœopathy. There is doubtless some truth in it—though not so much as in the Galeneal dogma to which it is opposed, "*contraria cantrariis*," viz.: That diseases are cured by medicines calculated to produce *directly* opposite states.

The doctrine of revulsion, which seems to belong to neither of these categories, embraces a larger number of facts than either of them. Nothing is better established in therapeutics, than that an inflammation or congestion in one part is relieved by exciting the same in *other parts*. It is by *revulsion* that a vast portion of our remedial agents effect the cure of diseases—but we do not intend writing an essay on the *modus operandi* of medicines.

We assert that homœopathy, whatever of truth there may be in some of its speculations, is perfectly inert in practice; and if we fail in proving this assertion true, then facts are mere illusions; logic a humbug, and reasoning a farce. To proceed:—In the first place, our disposition to try all things, has induced us to try the "*globules*." We have used them to ascertain their *pathogenetic* effects; we have taken the sulphur, but it caused nothing like the itch, which was promised us; we have used the quinine, without experiencing the slightest symptom of a chill; the belladonna, and nothing like hydrophobia followed. This we did at the suggestion of a homœopathic practitioner. We have also tried these articles on some friends, without the slightest result. We have used the "*globules*" in affections which we were confident would *get well of themselves*. Here they were successful, the patient got well! But then we tried another experiment. We selected several cases which we felt confident would *not get well of themselves*, and these we subjected to the treatment of one who ranked high as a homœopathic practitioner. The result was, in every instance, a complete and *triumphant failure*.

We offer these facts as some proof of the assertion we have made, viz.: That homœopathy is a *nullity*. Common sense *a priori* rejects it as such—man is incapable of being influenced by so small a thing as

the infinitesimal dose ; a quantity so ineffably little that the imagination aided by a microscope cannot follow it in the abyss of its utter nothingness, or even approximate an appreciation of the extent of its nihility ! Some of the “ *higher* ” (not the highest) “ *dilutions*,” as they are called, are weaker than would be a drop of laudanum *well mixed* with the waters of the Pacific Ocean ! or a grain of belladonna dissolved in Noah’s deluge, or a grain of musk attenuated by the entire atmosphere of our globe. This is easily proved by actual calculation. Now we say that the elements of this world, though separated from each other sufficiently for the *final causes* of creation, are mixed up with each other in stronger doses than these. The atmosphere we breathe receives the exhalations from the poisonous hemlock ; the water we drink is impregnated with lime and many other elements from the organic and inorganic kingdoms ; the food which sustains us contains many articles used as medicine. We are constantly subject to the operations of these things in doses fortunately too small to produce any *appreciable effect*, yet in doses ten thousand times stronger than the “ *higher dilutions*.” Many thousands of pounds of opium are doubtless dissolved in the ocean from shipwreck or otherwise ; these waters are exhaled and showered down in fertilizing rains and dews ; the finest chemical test can detect none of the principles of opium here, and yet they must exist in quantities larger than in even the tenth dilution of the homœopath. The human system takes in daily of sulphur, iron, lime, muriate of soda, &c. &c., quantities a thousand times larger than the doses of these articles administered homœopathically ; and yet the system is not appreciably affected by these comparatively enormous doses administered by nature.

There is more sulphur in one egg than would be given (if the highest triturations were used), in a thousand years at the rate of a globule an hour, and yet the system is not appreciably influenced by the sulphur in an egg. From these well-established facts we are forced to conclude that homœopathy is a nullity.

As already remarked, the various elements and combinations of the material world are so diffused throughout each other, *so mingled*, that larger doses of them are constantly acting on the human system than the dose used by the homœopath.

The blacksmith inhales at one inspiration, a larger amount of charcoal than the homœopath would administer in his life time, though he arrive at three score and ten. The boy who enters the apothecaries’ shop to get a prescription filled, inhales more of every article capable of giving out odor, than a homœopathist would administer in forty doses. A glass of common spring water contains more carbonate of lime than he would use in twenty years’ practice ! ! All these articles, thus necessarily taken, produce no appreciable effect. Therefore the homœopathic dose is a nullity.

But, says the hero of small doses, “ *when a part is diseased it becomes extremely sensible to a medicine calculated to produce a similar disease.*” There is a grain of truth in this proposition—that is to say, when the

stomach is inflamed by the use of tartar, it is extremely sensitive to ipecac. or any other irritant. To illustrate this principle, as it is called, a homœopathic writer observes—"That when a person is in an ill humor, a little additional irritation will throw him into an absolute rage," and that when the eye is inflamed, even light will irritate it. These facts prove that a disease may *be aggravated, not cured*, by a small dose of a substance calculated to produce the same or a similar affection, and are at war with the fundamental principle of the system—"similia similibus curantur"—for vexing an irritated person makes him worse; the light to an inflamed eye does the same. To cure these two states we evidently proceed on the principle—"contraria contrariis curantur"—we soothe the irritated man—we afford darkness to the inflamed eye, or we let them alone to get well of themselves, which is the essence of the homœopathic practice. But we deny that the infinitesimal dose has even the power of aggravating disease, though it be calculated to produce (in a sufficient dose) the same affection. It would be easy to test this. Take the tenth or twentieth dilution of tartar emetic, which would be about equal to a grain of this medicine dissolved in—say, Chouteau's pond—though this falls far short of the fact—and ascertain whether it would vomit in any condition of the stomach.

But, again, say the defenders of small globules, *the rubbing—the trituration* of the medicines increases their power and activity. Some of them say that it spiritualizes matter to rub it! Hence they grind their medicines very fine, and shake the vial of drops—they rub about six minutes at each trituration, and shake about six times at each dilution, though Hahnemann says that he had to reduce his shakes, so powerful did six make it!!

Now any one that is in danger of believing this monstrous nonsense, can easily test its truth or falsehood. A certain amount of arsenic will kill a dog—a small dose, say the half of a grain, will not hurt him. Give the dog, then, a half grain of arsenic, and watch its effects—then take another half grain, and triturate it and grind it and rub it until it is *spiritualized and strengthened* as much as is possible by this process—then dilute it and shake it well *sixty times six*, and give to the aforesaid dog. If homœopathy be true, it will kill him in a very short time—if homœopathy be false, the dog will go about his business. An easier test would be to ascertain if shaking a tea-spoonful of brandy would enable it to make a man drunk. It would do so if homœopathy be true.

Why, if this principle were sound, then the apothecary might double his stock at an hour's warning, not by the difficult and expensive process of importing fresh medicines, but by the easy one of *shaking* what he had on hand. The liquid that was worth but one dollar, the dose being twenty drops, would be rendered of double that value by a few shakes, which would so strengthen it that ten drops would suffice! Sailors and soldiers would find this principle of great value—they would put a phial of whisky in their pockets, and by shaking it, have grog enough for a voyage or campaign! Nay, armies might subsist on a little portable soup, increased in power and spiritualized by shaking! What an in-



vention for starving Ireland; what a great trade shaking would be if homœopathy were not a humbug. Instead of endeavoring to accumulate, the world would sit down satisfied to shake what it has already gotten!

Of all the systems that it has been our lot to examine, that of Thomson not excepted, homœopathy is the most absurd. That there may be some truth mingled (*highly diluted*) with the transcendental balderdash which constitutes its principles, we may with safety admit. All errorists and impostors cover over with the sugar of truth and plausibility the bait designed for a gullible world—but for this no stomach could endure it. We have looked into the works on homœopathy with the desire of arriving at truth—we have no medical prepossessions or prejudices; whatever proposes the relief of suffering humanity we are ready to examine with impartiality. In this frame of mind have we read and reasoned on the theory of Hahnemann. When informed that "*like cures like (similia similibus)*," we felt disposed rather to continue the investigation than to condemn. Of the dogma that diseased parts are excessively sensible to medicines calculated to produce a similar disease, we said "*let that pass.*" But we could not swallow the small dose—not even the first dilution. The assertion that shaking and rubbing increased the strength and power of matter to an almost indefinite extent, we could not avoid characterizing as absurd, and at war alike with common sense and the plainest principles of philosophy. The spiritualizing of matter by this means, we were obliged to designate a wilder fancy than the reverie of a lunatic. The dissolving and attenuating of a drop of medicine until it was more diffused and weak than the multitudinous seas could make it—this we thought either the most stupendous folly ever perpetrated by run-mad speculation, or the most arrant knavery ever practised by a mercenary juggler; and when the dilutions rose to the *tenth*, and the waters of the universe failed in the computation—when they rose to the twentieth, to the thirtieth, and ocean on ocean, deluge on deluge, sufficed not to attenuate the drop, and imagination became bewildered as when it seeks an end to eternity, or a boundary to space, we could add nothing more, our vocabulary was exhausted.—*St. Louis Medical and Surgical Journal.*

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ON THE USE OF THE CHIMAPHILA UMBELLATA IN THE TREATMENT OF FUNGOUS ARTICULI, OR WHITE SWELLING.

By Y. C. Blakey, M.D., Glasgow, Howard Co., Mo.

UNDER the name of white swelling, several diseases of the joints have been considered as one and the same, but which differ in many respects. Brodie's arrangement, which I consider as good or better than any other, is as follows: 1st. Inflammation of the synovial membrane; 2nd. Morbid change of structure in the synovial membrane; 3d. Ulceration of the cartilages of the joints; 4th. Scrofulous disease of the joints, having its origin in the cancellous structure of the bones. As I do not consider

it necessary upon the present occasion to enter into any disquisition, relative to the above forms of this disease, as it respects either the opinions of Brodie or others, I shall merely give the outlines of my treatment of several cases, which entirely relieved the sufferers. The first case, which I shall present nearly verbatim from my own case book, is as follows :

Feb. 5th, 1844.—Wyatt, aged 17 years, the servant of Mrs. E., was brought to my house in a carriage. On inquiry, I found he had been more or less affected about one of his knees for some time, and for several weeks before he was sent to my care had been attended by a neighboring physician, without any change for the better, but gradually got worse. This boy was of a scrofulous family, as his mother was affected with it for years, and still has more or less swelling in the glands of the neck ; and his brother (there were but two children) died two years ago with every symptom of phthisis pulmonalis.

When I examined my patient, I found one of his knees three times its natural size, the skin of the leg of an unnatural ashy color, the boy being tolerably black for one of his race ; considerable wasting of the limb, pulse 96, and some white fur upon his tongue. I looked upon the case as scrofulous white swelling, and concluded in my own mind there could be little done towards effecting a radical cure, as I had often treated and seen such cases treated, but had never known a cure to follow, but more or less lameness to inevitably succeed all our efforts, if we did not ultimately have to resort to the knife to rescue the sufferer from the grave.

6th.—The boy disturbed my family last night with his incessant moans, from the excruciating pain he suffered all night. To-night I gave him an anodyne, and after duly weighing his case came to the conclusion to give a trial to the *chimaphila umbellata*, as the iodine, blisters, setons, &c. &c., had been used already in his case without benefit.

7th.—I commenced giving my patient the infusion of pipsissewa, a pint to be drank each day. The formula for making it I took from Wood and Bache's Dispensatory, and twice a-day, morning and night, I had a fresh poultice made of oat-meal and the infusion, and applied to the whole knee ; diet light, and to keep the recumbent position. To-night, I gave him another anodyne.

8th.—Found no difference in the case, and continued up the above course each day until the 14th, when I did not give him his accustomed anodyne ; notwithstanding, heard no complaint from its omission. He did not complain sufficiently after this to require any anodynes, but continued gradually to mend, his swelling about the knee to diminish, until the end of March he could walk without a crutch or support of any kind, and on the 15th of April I discharged him cured. He remains up to the present time entirely well, and has as much strength in one knee as the other.

July 10th.—An old case I had formerly treated by the usual remedies, was brought to me to extract some pieces of bone which had exfoliated ; this I accomplished, and commenced the same course with this patient, Mr. A. D., as the boy already described, when, after the persevering use of the *chimaphila* for three or four months, the running from the different

openings in the upper portion of the arm, as this patient's swelling was the head of the os humeri, closed, and he has not been annoyed by his disease up to the present time. I could present other cases, but as these are sufficient to invite the attention of the profession to the use of this article in the treatment of this horrid disease, the "opprobrium" of our art, I shall leave it to the consideration of my professional brethren, with the hope that I have thrown in a "mite" that will be of benefit to suffering humanity.—*Medical Examiner*.

#### ANIMAL CHARCOAL AN ANTIDOTE TO POISON.

ON Monday, November 17th, 1845, Dr. A. B. Garrod read a paper before the Medical Society of London, on Animal Charcoal as an Antidote to various Poisons, especially those derived from the animal and vegetable kingdoms. The following is an abstract of the paper, which will appear in the forth-coming volume of the Society's Transactions:

Dr. Garrod first noticed the experiments which had of late been made on the effects of animal charcoal in removing bitter principles from their solution, and then detailed his own experiments which led him to use it as an antidote. The results he had arrived at were,

1st. That animal charcoal removed the active principles from vegetable and animal substances when added in proper quantities, even in a solution, imitating the gastric juice, and at the temperature of the stomach (100° Fahr.).

2d. That animal charcoal will also form compounds with arsenious acid and other mineral substances, removing these from their solutions, and that it is quite equal, if not superior, to the hydrated sesquioxide of iron, as an antidote to arsenious acid.

3d. That the compounds of the animal charcoal with the poisonous principles have no injurious action on the animal body, and therefore, when the charcoal is given with the poison, or before it has become absorbed into the system, it will act as an antidote.

4th. A certain amount of the antidote is required, depending on the quantity of active principle contained in the poison; half an ounce is more than sufficient for twenty grains of nux vomica, or one grain of strychnia; if less is given, the poison may act by its excess above the antidote.

5th. The antidote is peculiarly adapted to poisonous substances whose activity depends on a small quantity of an active principle, as opium, nux vomica, the aconites, belladonna, stramonium, tobacco, hemlock, &c.

6th. The antidote itself may be given to almost any amount, as it exerts no injurious action on the body.

7th. That it is of great importance that good animal charcoal should be used, not the bone or ivory black, which contain about .92 of earthy matter, but the *carbo-animalis purificatus* of the London Pharmacopœia. Common bone black was found to be very far inferior, certainly not possessing a fifth of the antidotal power. The vegetable charcoal was comparatively inert.



Dr. Garrod proposes, that in cases of poisoning we should remove as much of the poison as possible by means of the stomach-pump or emetics, and then give a large quantity of the animal charcoal diffused in warm water, or the antidote may be given with the emetic, but ipecacuanha must not be used, as the charcoal would destroy its emetic property. Sulphate of zinc, or some other mineral emetic, should be chosen. Dr. Garrod also suggests that perhaps animal charcoal would prevent the action of the poison of rabies, syphilis, serpents, &c., if applied in the form of a poultice to the part which has come into contact with the poison, and that it may prove serviceable as a remedy in some diseases, from its great power of absorbing all principles.—*Pharm. Jour.*

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#### TUBERCULAR PHTHISIS, WITH EXTENSIVE ULCERATION OF THE LARYNX.

By John L. Vandervoort, M.D., of New York.

Miss ———, aged 28 years, was attacked in July, 1845, with cough of an ordinary kind, coming on at intervals, either at night or early in the morning, and without expectoration. After continuing in this way for six or eight weeks, symptoms of difficulty in the larynx began to manifest themselves; these at first were very obscure, but after attentively watching the case, the conviction was strong in my mind that ulceration of the cartilages and membrane lining that organ was going on. The patient was of a peculiarly nervous temperament, very liable to violent paroxysms of hysteria; this gave rise to the suspicion that the cough was of this character, it being of a dry, hacking nature. This opinion was at first entertained by myself, and was coincided in by a gentleman who saw the patient in consultation. Various means were resorted to for her relief, such as expectorants, emetics, tonics, mercurials, rubefacients, anodynes, blisters with morphine sprinkled on the raw surface, and the local application of a strong solution of nitrate of silver. No obvious relief following the employment of these remedies, and the aspect of the patient having undergone considerable change, together with slight emaciation, led to the suspicion of the existence of tubercles in one or both lungs. This opinion was confirmed by an examination of the chest, which was made by Dr. Swett, who detected the existence of tubercles in the summit of the right lung.

The disease of the lungs continued to progress unattended by any peculiar phenomena; not so, however, that of the larynx. The ulceration of the membrane and cartilages of this organ, progressed from month to month, and gave rise not only to a very distressing cough, and intense dyspnoea, but to very great difficulty and pain in swallowing, especially liquids. For about two months prior to her death, she scarcely took anything but the blandest liquids, and these passing through the ulcerated openings into the trachea, often occasioned a vast amount of suffering.

About three days before her death, which took place the last of July, she expectorated pus quite freely; during this period her breathing was much easier and deglutition less painful.

An examination of the body was made six hours after death. The following was the condition of the lungs and larynx :

The lungs were completely studded with tubercles in various stages ; at the summit of the right lung was an abscess capable of holding about eight ounces ; considerable serum was found in the chest.

The liver was of enormous size and of a mottled color ; the left lobe a little softened ; other abdominal organs healthy.

The larynx presented a mass of disease ; the investing membrane was studded with granules of variable size, some of them being nearly as large as a split pea ; by the process of ulceration it was completely detached from the cricoid cartilages, and could, by the means of a probe, be entirely raised from these bodies. By the side of these cartilages were ulcers of the size of a five-cent piece, which communicated with the œsophagus. The connecting ligaments were gone, except one which was much thickened. The epiglottis was much thickened, and the arytenoid cartilages were nearly destroyed by ulceration.—*The Annalist.*

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#### APOPLEXY FROM THE RUPTURE OF AN ANEURISM OF THE ARTERIA CEREBRI MEDIA.

By E. M. Hodder, C.M., Toronto.

MASTER H., æt. 10 years, fair complexion and highly nervous temperament, received a severe shock at about half past 8 o'clock, P. M., on the 4th of November last, in consequence of a fire, which at the moment was supposed to be in the building in which his father had his offices. The child had always been observed to become highly nervous whenever the alarm of fire was given. He had a largely-developed head, pale countenance, a somewhat delicate constitution, and generally depraved appetite, preferring crude vegetables and unripe fruits to more wholesome food.

In consequence of this, he suffered occasionally from derangement of the stomach and bowels, always attended with severe headache ; but an occasional emetic and purgatives relieved him in a day or two.

Three or four weeks prior to the present date, he had had an attack as above described, during which time he complained very much of his head, but for the last fortnight he had appeared in perfect health.

On the alarm of fire being given, he ran into the street, but returned immediately to the house and watched the progress of the flames from a bed-room window ; in three or four minutes he gave a sudden and violent scream, complaining of acute pain in the head, behind the left eye ; the pain continued some minutes (two or three), during which time he uttered frequent screams.

He was taken down stairs to the sofa by his mother, but finding himself uncomfortable there, he walked into the next room, and was assisted on to the bed. His mother ran out of the room for a glass of water, and upon her return found that he had fallen off the bed, and was completely insensible.

Drs. Rolph and Rankin were the first medical men who saw him ; he

was still insensible, the surface of the body cold, pulse very slow and thready, in fact scarcely perceptible, as were also the carotids; the right pupil was much dilated, the left contracted, his breathing spasmodic, with long intervals between each inspiration, the bronchi charged with mucus, producing a very loud râle, and threatening suffocation. A few drops of blood flowed from his mouth when first attacked.

On my arrival, about half an hour from his seizure, his breathing had become more regular, the râle somewhat diminished, and the pulse, which was still very slow (45), rather more perceptible, but in other respects he continued as above described.

He remained in this state until about 10, P. M., the pulse at times a mere thread, at others somewhat fuller; the mucus now increased in quantity, the respiration becoming more laborious and spasmodic, the left pupil began to dilate, and bloody frothy mucus flowed in large quantities from the nose and mouth until about half past 10, P. M., when he expired.

*Sectio cadaveris*, fifteen hours after death.—The face and body generally were pale and exsanguine, but the ears and posterior part of the scalp were of a purple color. On dividing the scalp half an ounce of dark fluid blood flowed from the wound; the bones of the cranium also bled freely when cut with the saw.

On removing the calvarium, the dura mater was found highly congested, and between it and the tunica arachnoides on the left side, an extensive clot of extravasated blood was perceived extending from the middle of the anterior to the back part of the posterior lobes of the cerebrum, and reaching upwards to within an inch of the sagittal suture. On removing the brain from the skull, blood was found extensively extravasated between the pia mater and the substance of the brain, particularly around the circle of Willis, and more on the left than on the right side. The exact spot from which it had flowed could not be found until a very careful dissection of the arteries was made, commencing with the basilar.

At the termination of the internal carotid in the arteria communicans posterior, arteria cerebri anterior, and arteria cerebri media, a small clot was discovered which seemed to proceed from one of the above-named vessels, and upon a more minute examination, the arteria cerebri media was found dilated about a quarter of an inch from its origin to the size of a small garden pea, which dilatation was filled with a clot connected with the small external coagulum above mentioned, by means of an irregularly shaped opening in the dilated part of the artery, and from which it was evident the whole of the blood had flowed. The continuation of the arteria cerebri media in the fissure of Sylvius was normal. The brain itself, although very large, was perfectly healthy, nor were there more vascular clots perceived on cutting it than usual. The lateral ventricles contained about 3 ij. each of bloody serum. The plexus choroides in the left lateral ventricle was somewhat paler than that on the opposite side, a fact arising no doubt from the rupture of the arteria cerebri media, so near the origin of the artery of the plexus choroides.

*Chest.*—The lungs were somewhat congested, particularly their poste-



rior portion, nor did they crepitate as much as in their healthy condition ; on cutting into them, a very large quantity of frothy mucus, tinged with blood, flowed, and the trachea and bronchi were completely filled with the same. Each pleural cavity contained about two ounces of clear serum.

The heart appeared to us as if the left ventricle had contracted very firmly on a hard clot, as it gave the idea of being completely solid, but upon opening it, its cavity was quite empty, but its walls thickened or hypertrophied to very nearly an inch. The other cavities and valves were quite healthy. The thymus gland was very large for a boy of his age. The whole of the abdominal viscera were quite healthy—the bladder was half filled with urine.—*British American (Montreal) Journal of Medical Science.*

#### BETTERING GOOD HEALTH.

“ A THEORY prevails that long life runs in families, and yet Sir John Sinclair found that amongst 508 persons who had passed the age of 80, only 303 could make it appear that they had even one parent, male or female, who had been as old as themselves. All *data* on the subject is involved in confusion ; and it must be still more confused ; for although we have better means than formerly for arriving at statistical facts and details, individual habits become more diversified as commerce increases, as the powers of intermixture and change of locality are multiplied ; and as knowledge, mixed with error, and diversified to infinity, is diffused among all classes, both of rich and poor, individual diversities become beyond all calculation, and defy all powers of classifying and generalizing. Alcohol slays its thousands and tens of thousands amongst the poor, and quackery, with ill-directed passions, performs the same service for the rich—quackery, not only advertised and wholesale, but individual and secret. A short digressive anecdote, which I had from a friend, may be both illustrative and amusing.

“ Sitting in the parlor of an eminent administrator of very useful medicated baths, in Marlborough street, a gentleman entered the room full of sturdy health, and overflowing with fine animated spirits.

“ ‘ Sir,’ said he, ‘ I suppose you are going to take a medicated bath ?’

“ ‘ No, sir, I am waiting for a friend who is taking one. I have perfect health.’

“ ‘ Sir, I take one every day, well or ill, and generally two a day.’

“ ‘ I have never taken five shillings worth of medicine in my life.’

“ ‘ Oh ! sir, I see you are a most temperate liver.’

“ ‘ No, sir, I am ashamed to say, that from 18 to the present hour, I have been the reverse. Of all men living, my poor father was the most regular and temperate, and his afflictions were many, severe and fatal.’

“ ‘ Aye, aye, I see how it is. When Judge —— found any witnesses of extreme old age, he questioned them as to their habits, and made memoranda of their answers. He discovered that the temperate

and intemperate were about equal, but he found that *all* healthy persons and long-livers were early risers. You, sir, must be a very, **VERY** early riser—a very early riser indeed!

“ ‘Quite the reverse, sir—my Parliamentary duties are such, that, in London, my average hour of going to bed is three in the morning, and my hour of rising, twelve.’ ”

“ ‘After this it was clear that not a word I said, or had said, was believed. The theorist imagined that the consistency of health with irregularity and late hours, was so impossible, that the assertion was a most impudent imposition.’ ”

“ ‘Sir,’ cried he, in a tone of offended consequence, ‘only try the experiment. Go to bed and get up early, and when you rise you will find yourself able to grasp your handful of half-pence at arms-length as firmly as a giant; get up next day an hour later, and you grasp them feebly; get up next day two hours later, and you will find you cannot grasp them at all—no, sir, not at all.’ ”

“ ‘Bless you, sir, get up any hour I may, I can grasp, as firmly as a vice, more sovereigns than I shall ever possess.’ ”

“ ‘Sir,’ said this victim of quackery, evidently disbelieving every word I said, ‘I was going down Regent street yesterday, when I felt in my head I don’t know how—it was a certain sort of I don’t know what—an indescribable something—a-ah—a-ah—I can’t exactly explain myself, but you must know very well what I *mean*; so I went into a doctor’s shop, and said, give me three grains of calomel, seven of jalap, four of rhubarb, with—and—and—all of which I find agree with my constitution; and so, sir, I took the dose, and went home, and said to my wife, Now, my dear, I will take no food to-day—I am determined to give nature fair play.’ ”

“ ‘Sir,’ said I, breaking out into a feigned fit of impatience, and almost of indignation, ‘is that what you call fair play?—you turn your stomach into a doctor’s shop—you swamp, overwhelm poor nature—Burke her, till she is nearly extinct, and this you call giving nature fair play—a plague on *such* fair play!’ ”

“ ‘Here the bath was announced, and the sturdy, non-ailing gentleman went to take his cure for non-ailments.’ ”

## ON THE CAUSES OF DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

IT may seem somewhat unscientific to speak of diseases that have sprung up *spontaneously* in the system; and whether we call diseases *units* or *effects*, or whatever we call them, one thing is certain, that they always have their *proper causes*. These causes may with great propriety be arranged under the three terms in common use, viz., *proximate*, *remote*, and *specific*. The first is the disease itself, situated in the fibres or fluids of the body. The *remote* are the external, exciting and predisposing causes. The latter, or the *specific*, is *contagion*, be it what it may. Much has been said and written about contagion, but to very little purpose. A

wire-drawn distinction has been made between contagion and infection, but it seems that we are none the wiser. What is said to the contrary notwithstanding, we are inclined to think that there is one *general rule* in regard to this matter, which deserves a prominent place in all our hygienic measures; to wit, that all those diseases which are called contagious, are propagated from one person to another, by means of some remote or exciting cause. In other words, there can be no such thing as contagion where external circumstances are positively unfavorable to it. We apprehend that disease in itself alone possesses no inherent and sufficient efficacy to propagate itself. A disease is not unfrequently, though vulgarly, said to be *catching*, and that without any reference at all to the *predisposing* cause, whilst the accurate observer will detect in every case certain essential facilities for the passage of contagion from one person to another. There is also another consideration. Where there is no *exciting* cause *within* the system, the matter of contagion (supposing it to have advanced into the interior) is very likely to be repelled and overthrown. External circumstances conspiring with a predisposed state of the system, may bring about an extensive prevalence of disease. It would be well, therefore, for all persons to consider their external circumstances, and also pay as good attention as possible to their internal condition. The *empiric*, however, will not take our advice, as it is his resolution to take *none*. But there is a portion of the unlettered part of the community, who, through a sort of self respect, will still take advice and be thankful. And here we cannot fail to notice one prominent trait in the character of the *quack*. Being himself grossly ignorant, he refuses to be enlightened and even ridicules those who attempt to instruct him. But to return to the main subject. We may take a certain position or *stand-point* (which we shall not dare to call a theory), from which we hope to determine the cause or causes of several diseases. The position, or *stand-point*, is, that *every individual would enjoy health were it not for certain peculiar circumstances in which he is placed*. In other words, it was the original design of infinite wisdom and goodness in the structure of the creature-man, that through the co-operation of all the healthy organs or the sound parts of the system, *good health* should be the uniform and lasting result. We might here go on to show how well adapted these organs and vessels are (so far as the present state of anatomy and physiology assure us), towards bringing about the same point or result; but we shall leave that for the present, and proceed to point out some few of the circumstances to which we have alluded.

1. *Idiosyncrasy, or constitutional peculiarity*.—Idiosyncrasy is a hard word, but it means “a peculiarity of constitution, whereby one person is affected by an agent which would produce no effect upon numerous other persons.” It is also called a vital susceptibility, possessed by some and not others. Again, it is called a peculiar temperament, possessed by some and not others. 1. It is said to be *congenital*, that is to say, *born with us*. 2. That peculiarity that may arise after birth. These peculiarities may either be *organic* or *functional*. The original design being perverted (so to speak), through the agency of circumstances, some



individuals are born with some one or more imperfect organs, or, as one expresses it, with "an excessive development of some tissue" of the body, whereby the vital functions are so modified as to fail of a healthy action, or of producing their proper effect. These peculiarities, when born with us, are justly said to be *hereditary*. When they arise after birth, and are the result of accident or habit, or some unfavorable situation, they are not, properly speaking, *hereditary*. We do not mean that all the *monstrosities*, that may happen by birth, are hereditary, nor shall we pretend to explain every wonder of that sort. It is sufficient for our present purpose to remind the reader of what is considered hereditary in order to put him upon the consideration of such matters in his endeavors to procure or preserve good health. The subject of *antipathies* will also be passed over, as our limits will not allow us to dwell upon it, however interesting it may seem to be to some. The peculiarities of constitution which are pronounced hereditary, and also those which arise after birth, are the proper sources of what are called predispositions to particular diseases. Where predisposition exists, stimulants, we are told, will produce an undue "exaltation of vital properties," and this is said to be irritation, and by way of an "abstraction of stimuli," in such a condition, it is said there will be *debility*.

II. *Climate*.—It is the opinion of some, that the influence of climate upon the health of individuals is not so great or so extensive, as it has been represented. Others contend that it is improper to say that climate, as such, has any proper influence at all. Be it as it may, we hesitate not to allege that we readily concur with those who attribute certain diseases to climate. Climate is defined to be the direct or oblique incidence of the sun's rays, whereby a greater or less degree of heat is experienced. Accordingly, we hear of cold climates and hot climates, and such as, comparatively speaking, are called temperate. It is admitted, however, that the situation of countries, as being high or low, the nature of the soil, the extent of continent, the vicinity of mountains, forests, marshes, lakes and seas, and the course of winds, as also those causes which operate to increase the humidity of the atmosphere, characterize the climate. Some of these causes, as affecting the health of individuals, we will briefly consider.

Nothing is more common than to attribute bilious or intermittent fevers to warm climates, and inflammatory diseases to colder regions. It is found, however, that other causes may intervene to produce inflammatory disorders in warm climates, and bilious fevers and intermittents in the cold and temperate climes. The truth is, climate produces shades or degrees of difference in the same diseases, and this is, perhaps, its proper influence.

It is the opinion of a truly respectable writer, that cold in our own country, as well as in other countries, ancient and modern, has decreased in proportion as cultivation has advanced. This writer is also of the opinion that the climate in this country has been rapidly and constantly changing since the first settlement. Whether the proportion, to which he alludes, has been strictly observed throughout the country, we cannot tell, but it seems to accord with the general opinion that the seasons have

been very materially changed within a recollected or definite portion of time. We are also much inclined to accord with the celebrated Montesquieu, that "in cold countries people are more vigorous;" and still the biography of distinguished men seems to establish the maxim, that activity of mind and body frequently arises from necessity.

III. *Mode of Living*.—If particular ways or modes of living serve to produce changes in the complexion, and differences of stature and strength of body, it would seem to have some sort of influence (to say the least) upon the health of individuals. The influence of *habit*, however, is so great, that we cannot assign to any particular or peculiar mode of living, any great control over the general health of a country. If this cause has any importance, relative to the subject of preserving health, it arises from comparing one climate with another as to the mode of living, and not from a comparison of the health of individuals in the same climate.

IV. *Seasons of the Year*.—It is always necessary to guard against sudden changes from *hot* to *cold* and from *cold* to *hot*, or what may be called the *extremes* of the weather. We have only to add, under the present head, that *long and hard winters* may be very unfavorable to the health of those who experience them, as well as long seasons of wet weather. *Endemics*, however, make their appearance very often in dry seasons.

## INSENSIBILITY PRODUCED BY THE INHALATION OF THE VAPOR OF THE ETHEREAL SOLUTION OF OPIUM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As it is frequently found desirable to produce insensibility in persons requiring painful operations, I have made use of the ethereal solution of opium for that purpose, with excellent success, when reduced to vapor by gentle heat, varying the amount inhaled according to the length of time required for the operation; and from the entire absence of symptoms induced by pain, and those which usually result from the excessive use of opium, I have thought the method of preparation and exhibition invaluable in removing the dread in severe, and the minor operations of surgery. As a medicinal agent in cases of pulmonary irritation, it is beyond doubt the best vehicle for the introduction of opium into the system, and will, when fairly tested by experiment, I have no doubt, prove eminently successful, in a great variety of complaints requiring sedative treatment, from the power that it possesses for the instantaneous development of its effects, through the diffusible agency of the solution. The course which I have usually pursued in preparing the combination for inhalation, is by the introduction of the quantity of the cold ethereal solution of opium required by the urgency of the symptoms, into a glass retort, and by causing a slow evaporation with moderate heat, the patient being permitted to breathe the gaseous vapor from an elastic tube affixed to the mouth of the retort. The judgment of the physician is to be exercised with regard to the quantity in-

spired, which must be regulated according to the character of the disease and the duration of the required operation.

Yours, &c.

22 School street, Boston.

E. R. SMILIE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 28, 1846.

*National Medical Convention.*—A paper in the New York Annalist, on the next meeting of the Medical Convention, brings to mind the various comments of gentlemen in regard to the growth and probable influence of that incipient institution. In some of the States, high hopes are entertained of the success with which the deliberations of the next medical congress will be crowned. Here at the North, the frost-bound region of the republic, but especially in Massachusetts, there is a singular determination on the part of a few individuals to prevent others in the Commonwealth from holding any official relation to the assembly of medical delegates at the next session. That spirit is not general, yet it is so directed that it will be exceedingly difficult to get a majority of the Council of our State Medical Society to agree to send representatives. Some months before the first session of the Convention, the subject of participating in its labors was brought before the same Council, and having been referred to a committee, a report was made and accepted, unfavorable to the project of a general medical or national association.

Both the reasonings and conclusions of that report were, to our apprehension, diametrically opposed to the spirit of the age. It was equivalent to saying to the profession of the State of New York, "we neither ask favors, nor do we wish to confer them. We dislike all associations of the kind you propose; and because we have no interest in the pursuits of societies beyond the boundaries of this Commonwealth, it is wholly unnecessary to be represented in a body that may possibly fail to accomplish the high purposes it has in contemplation." But however much the Massachusetts Society may differ in its policy from the New York Medical Society, in the matter of elevating the professional character of our common country, it would have been decorous and proper, in our view, to have appointed gentlemen of distinction to represent the medical profession of Massachusetts. No such appointments, however, were made, and if this refusal should again be persisted in, it is thought by some that the Society will never outgrow the odium of not complying with a very civil and certainly a courteous request; especially when it is known, as it must be at some future day, in the history of the Society, that the feeling which characterized the doings of the Council was neither in accordance with the progress of public sentiment in Europe or America, in regard to the advantages accruing from the meeting of great bodies of scientific men.

The geologists of the United States have a very flourishing and popular association, holding annual conventions in the various cities. Their meetings are invariably hailed with pleasure, and the members command the civilities and unremitting attentions of the citizens in the places where



they meet. Of the value of their meetings, both to themselves and as aids in the progress and dissemination of that knowledge which is power to a nation, no evidences need be adduced. Is it not possible that medicine, and those who practise it, might also gain something by knowing each other more intimately, and by "measuring themselves by themselves" in a similar manner. By acting in accordance with the spirit that breathed through the report of the Massachusetts committee, our ancient State Society would impart no light on the subject of medicine and surgery, but such as happened to shine in Massachusetts; and would exhibit nothing social in medical intercourse beyond the same prescribed limits.

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*Baltimore Private Medical Institution.*—An examination of the circular of John R. W. Dunbar, M.D., of Baltimore, showing the objects and advantages of his private school, brings to our recollection the beautiful specimens of anatomical skill, the choice library, the extensive cabinet, &c., which he has collected for the special use of students, and which we once inspected. With the advances made in the various branches of medical science, Dr. Dunbar keeps pace by constant industry, and the purchase of new articles, and his collection, as a whole, is now not only very valuable, but superior to most private collections south of Philadelphia.

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*Extraordinary Mortality.*—Under this head the London Lancet of Sept. 19th, has the following article of medical news.

"During the hot weather, in one week, in New York, the extraordinary number of 4025 deaths occurred, or more than 1 in every 1000 inhabitants. Of these, 31 were caused by apoplexy; 21 by sun-stroke, and 52 by cholera infantum. 169 were of children under 1 year; of married women only 58 died."

The Lancet is never slow in showing up any errors or blunders made in our periodicals respecting European matters; and it should therefore have been more careful in giving publicity to such an extravagant statement as the above. On the very same page the number of deaths for one week in London is put down at 889, and one would have thought the contrast between that and the alleged number in New York would have led to the detection of the error before it was printed. In close connection with the above article in the Lancet, is the following burlesque on Mr. Oliver's ejection of a snake, last summer, in South Reading.

"To complete this story, Jonathan should have described the bulk of the after-birth, and the length of the navel-string, and made an examination of Mr. Oliver, to show that his stomach was a (sea-serpent?) womb, with the necessary female et-ceteras."

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*Medicine in France.*—The Medical Congress of France having manifested the wish that there should be constituted a Medical Association in each department, having for its aim the advancement of science and professional dignity and good feeling, an appeal has been made by the permanent commission, which acts as its representative, and which has received from it the important mission of realizing this great project. This appeal has been published very generally. The physicians of the department of

Rhone have been the first to assemble, and since then the spirit of association has been rapidly spreading throughout France.

The homœopathic Congress was to open its session for 1846 on the 5th of September. All the physicians who have studied the new medical doctrine were to be admitted there upon an application to the President or to the Secretary of the Hahnemanian Society of Paris, where would be handed them the programme of the principal scientific questions which were to be submitted to the deliberations of the assembly.

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*Mississippi Valley Association of Dental Surgeons.*—The third annual meeting of this Association, held at Cincinnati, Ohio, in August, was, we are happy to learn, very well attended. The importance of union of effort for the advancement of this department of medicine, is now beginning to be felt, as is evident by the fact that, since the organization of the American Society of Dental Surgeons, three local associations of dentists have been formed. By this means, the more respectable of the members of the profession are annually brought together, and the improvements and discoveries of all are made known to each. Besides, it affords the different members of the profession an opportunity of becoming acquainted with each other, and of cultivating friendships which would not otherwise have been formed.—*American Journal of Dental Science.*

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*Arkansas Oil Stone.*—For the information of those who may not be aware of the fact, we take pleasure in stating, that the owners of the quarry of this valuable stone have had a large quantity of it prepared in pieces of various sizes, expressly for the use of dentists, and that it may be had of Mr. Leach, of Baltimore, and at the establishments of Messrs. Stockton & Co., in Philadelphia and New York. For sharpening excavators and every other description of dental instruments, it is by far superior to anything we have ever used. While it cuts away an instrument with great rapidity, it at the same time leaves a perfectly smooth and keen edge upon it. We have several pieces that were presented to us by Dr. Vancamp, of Nashville, one of the owners of the quarry, which we use for smoothing the surface of plugs in teeth, preparatory to applying the burnisher, and we have found them exceedingly valuable for this purpose. We would advise every dentist, who would have the satisfaction of operating with sharp instruments, to procure one or more pieces of this valuable stone; and while upon the subject we would suggest to Dr. V. the propriety of furnishing his eastern agencies with an abundant supply of pieces shaped like the pinion file of a clock, for smoothing the surfaces of plugs in the sides of teeth.—*Ibid.*

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*Drugging Cigars.*—Some villain, says the St. Louis Evening Gazette, has discovered a new agent of iniquity, in the way of drugging cigars with narcotics. A boy, about five years of age, having picked up in the street a cigar which had been partly smoked, gave it to a journeyman tailor. He lighted it, but after a few puffs, experiencing some uneasy sensations in his head, threw it down. The little boy then tried it, and exhibited all the symptoms of violent poisoning, and died after eighteen hours' suffering. The tailor, although he exhibited the strongest symptoms of poisoning, is thought by his physician, Dr. Reuben Knox, to be

convalescent. It is the opinion of Dr. K., and two other professional gentlemen, that the cigar had been drugged with some virulent narcotic.

*Medical Miscellany.*—A barrel, containing several parts of a human skeleton, was found by some boys, floating in the upper basin of the Mill Dam, Boston, last week.—In a duel between Dr. Thomas and Mr. F. P. Le Beau, at Norfolk, Va., the former received a severe wound in the right side, which gave rise to serious apprehensions as to the result.—Dr. Shove, of Sing Sing, N. Y., charged with having caused the death of a young girl, by forcibly procuring an abortion, has been acquitted.—According to the Mobile Advertiser, that city never enjoyed better health than at present.—A colored man, who had assisted in giving some medicine to a sick dog, recently died of hydrophobia in Newark, N. J., as we learn from the Advertiser of that place.—There are 51 incurable cases of insanity in the Insane Department of the County House at Ipswich, Eng.—A meeting has been held in London for the purpose of taking measures to present to Mr. Wakley, the surgeon, Coroner for Middlesex, some testimonial of the high opinion entertained of his services as a public officer. It was resolved that a committee be appointed to raise a sum of money to purchase a handsome piece of silver plate to be presented to him.—Vol. I. of the New York Medical and Surgical Reporter is just completed. The editor says Vol. II. will be deferred awhile, in order that some improvements may be made.—A Swiss journal states that the bulb of the dahlia, when dressed like the potatoe, affords an excellent article of food.—Fearful accounts are brought by the last steamer of the ravages of the cholera in the E. Indies. At Karrachee it seems to have exceeded all former invasions in suddenness of attack and fatality—but a few minutes serving in many instances for the disease to pass through its several stages and carry off the patient.—The deaths in London registered in the week ending Aug. 22d, amounted to 902, being 65 less than in the week previous. Births in the same week, 1278, males and females equal.

TO CORRESPONDENTS.—Another interesting letter from our countryman, Dr. Fisher, has been received from Paris, and will be inserted in the Journal next week.

MARRIED,—At Hartford, Conn., Daniel Brooks, M.D., to Miss Margaret Walkinson.—At Middletown, Conn., Dr. Samuel Richardson to Mrs. Martha J. Prior.

DIED,—In Uxbridge, Mass., George Willard, M.D., 53—a practitioner of great respectability, well known to the profession in Massachusetts.—In Woolwich, Eng., Dr. Marsh, 54, known for his researches on arsenic.—In Bullville, Orange Co., N. Y., Dr. Abel Libott, 43.—At Montpelier, Vt., Dr. Wm. Cullen Warner, of Bristol, killed accidentally by taking strychnine.—At Southbridge, Mass., Dr. J. M. Smith.—At St. Stevens, New Brunswick, Dr. Weston. The last of eleven children was lying dead in the house, of consumption, and the father having stepped out at the door, it being dark, was soon after found drowned in a hogshead of water that had been sunk level with the ground. It was presumed that he fell in and was too weak to extricate himself.

*Report of Deaths in Boston*—for the week ending Oct. 24th, 50.—Males, 30, females, 20. Stillborn, 5. Of consumption, 11—bilious fever, 2—typhus fever, 3—pleurisy fever, 1—dysentery, 2—infantile, 3—cholera infantum, 2—dropsy, 1—diarrhœa, 1—erysipelas, 2—disease of the bowels, 1—inflammation of the lungs, 1—croup, 3—accidental, 1—teething, 1—scarlet fever, 1—dropsy of the brain, 3—old age, 1—canker, 2—inflammation of the brain, 1—brain fever, 2.

Under 5 years, 22—between 5 and 20 years, 7—between 20 and 40 years, 16—between 40 and 60 years, 4—over 60 years, 1.



*Case of Compound Fracture of the Tibia in Utero, and Congenital Talipes Talus.* By LAWRENCE PROUDFOOT, M.D., of New York.—Mrs. F., aged 28 years, of sanguine temperament, and who has always enjoyed good health, during the sixth month of gestation, and of her third pregnancy, while attempting to pass through a very narrow passage, was severely pressed on the abdomen, and immediately experienced a violent pain in that region, accompanied with nausea and faintness. The following day she was threatened with abortion, having pain and some hemorrhage. These symptoms continued for some days, and occasionally re-appeared in a light degree, up to the time of her delivery, which occurred at full time and was perfectly natural. At birth, the right foot of the child (a female) was found permanently extended and turned upward, pressing against the side of the leg, above the external malleolus.

The tibia of the same side, about the middle of the bone, had apparently been the seat of a compound fracture; the two ends had united, at a slight angle anteriorly, and opposite to this angle there was a cicatrix, evidently of some time standing; there was considerable thickening of the parts near the seat of injury. I visited her on the 3d of June with her attending physician, Dr. Freeman, who had succeeded by bandage, and compresses from its birth, in bringing the foot down, but the case, now in the seventeenth month, presented talipes vulgus complicated with equinus, the outer edge of the foot being very much turned upward, the internal malleolus very prominent, and the external scarcely to be felt. The tendo-Achillis was rigidly contracted, the heel being drawn up about two inches, and the child only enabled to walk by the aid of a high-heeled shoe. I advised the section of the tendons, which was acceded to, and on the 16th of June, assisted by Drs. W. H. Van Buren and Isaacs, I divided the tendons of the peroneus longus and brevis, and the tendo-Achillis, which enabled me to bring down the foot, to a very considerable extent, and entirely overcome the eversion. Some adhesive straps were applied over the wounds, and a bandage from the toes to the knee. A modification of Scarpa's shoe was adjusted, and directed to be constantly worn. Since that time the condition of the foot has greatly improved, and the limb is of the same length as its fellow.—*New York Journal of Medicine.*

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*Delegates to the National Medical Convention of 1847.*—We perceive that Medical Societies in several States have already elected delegates to the great convention to be holden in Philadelphia, in May next. We have understood that it is a subject of regret with many, that formal invitation was not extended to members of the profession generally throughout the country, who may be inclined to attend the convention, to participate in its deliberations. If we may judge from the spirit manifested at the last convention, there will be no disposition to be exclusive in any sense, and we presume medical men of respectability, who may be present, whether regularly appointed delegates or not, will not only have seats accorded to them, but the liberty of discussion if they desire it.—*Buffalo Medical Journal.*

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CONTINUATION OF THE REPORT OF M. VELPEAU, SURGEON TO THE HOSPITAL LA CHARITE, PARIS.

By F. Willis Fisher, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

### ARTICULAR LESIONS.

THERE have entered the wards the past year seven cases of dislocations, some simple, others complicated with fracture. One example of luxation backwards of the sternal extremity of the clavicle—a rare case, the possibility of which is hardly admitted by many surgeons, Boyer among the number. M. Velpeau has seen three or four cases. The study of the anatomy of the shoulder proves this luxation to be difficult, and this accounts for the opinion of these surgeons. In fact, the shoulder is so constituted that a fracture should rather occur than a luxation; the disposition of the sterno-clavicular articulation renders it difficult to be comprehended; nevertheless, some observations of it prove that however rare, it is possible. Besides the interest of its rarity, it has this singularity, that it reduces itself, which does not prevent its being dangerous, as the luxated extremity may compress the trachea and the neighboring large vessels, such as the brachial cephalic trunk, the subclavian veins, and the roots of the carotids. If this luxation is easy to reduce, it is not easy to keep it reduced and effect a cure; it unites with difficulty; it is necessary in order to effect this luxation that the anterior and posterior ligaments should be torn, so that the articular surfaces give way to the least movements of the shoulder. Sufficient immobility can generally be procured by the aid of the starch bandage as employed for fractures of the clavicle. This patient was so treated, and discharged cured. All the luxations of the shoulder were sub-scapular, two were of two months' standing, only one of which was reduced. The first was a shoe-maker of a vigorous frame, whose luxation was completely reduced at the first attempt. The other patient was a woman aged 70 years, a dispenser of holy water in one of the churches in Paris. The first attempt at reduction having failed, it was thought best not to repeat it, both on account of her age, and because the nature of her occupation did not require much motion of the joint.

### HYDARTHROSES. HEMARTHROSES. ARTHRITES. DIFFERENT ARTHROPATHIES.

There have been received fifteen hydarthroses, thirteen of the knee

and two of the elbow. Among the first, some were chronic, others acute. To cure those hyarthroses called idiopathic, the means which Velpeau thinks most efficacious are, large blisters and unctions with iodine ointment accompanied with topical resolutive, camphorated oil, &c. In more refractory cases mercurial ointment, compression with bandages; internally, purgatives, jalap for example, and finally calomel in small doses carried to salivation. This is the most successful treatment. One of these patients died of purulent pleurisy. There have been two cases of hemarthrosis, or effusion of blood into the knee. The symptoms for diagnosing this affection, which one might confound with hyarthrosis, are very different from those of the last disease. In hemarthrosis, the tumor arises at once, or, at most, in a few hours, the articulation is more tender, the fluctuation is less easily detected, the integuments soon put on a tint of ecchymosis that is not observed in a serous effusion; the discoloration shows itself in about four or five days. In hyarthrosis the opposite symptoms are observed: the tumefaction is less sudden, the articulation less tender, fluctuation evident, no discoloration, and more frequently pain. Although in the majority of cases hemarthrosis may be a sufficiently simple disease, its sequelæ are more often serious than those of hyarthrosis. In this last disease, when the liquid has disappeared, the cure is perfected. In hemarthrosis, on the contrary, sometimes after the liquid part of the blood has been absorbed there remains some flocks or clusters of fibrine which serve for the origin of those free foreign bodies occasionally met with in the joints. This termination, which it is necessary to keep in mind, renders the prognosis of hemarthrosis less favorable than that of serous effusion.

There have been seven cases of arthritis, and six of gonorrhœal arthritis. It is necessary to establish two classes, arthrites and gonorrhœal hyarthroses. The past year there have not been any cases attended by dangerous accidents or fatal terminations.

It must be recollected that gonorrhœal arthritis is a dangerous disease. All the diseases transferred from the genital organs, but symptomatic of an affection of these organs, acquire from this circumstance alone greater severity; or, in other words, every disease symptomatic of a lesion of the genito-urinary organs is grave. We do not know the reason, but it is a fact worthy of attention and observation. All these cases of arthritis were treated by the ordinary remedies, combined with the employment of balsamic medicines. The gonorrhœal hyarthrosis is distinguished by peculiar characters; the effusion comes on in a rapid manner, it gives place to a corrugated swelling, the tension is very considerable. In gonorrhœal effusion the symptoms are more like those of hemarthrosis than ordinary hyarthrosis, but we distinguish it by the absence of discoloration and by considering the cause of the disease. In some cases the anti-gonorrhœal treatment is successful; in others the disease resists the employment of balsams and requires the addition of the common remedies. The different arthropathies amount to twenty-five; nineteen for males and six for females; there were four deaths. These are diseases of a long duration, requiring a protracted stay in the hospital, and will be referred to more particularly hereafter.



## DIPHTHERITIS. ANGINA. PHLEBITIS. ERYSIPELAS.

We pass over forty-five cases of different inflammations, and will say a few words on diphtheritis, since it offers certain peculiarities that ought not to be forgotten in a therapeutic point of view. There have been three examples. We observe this kind of inflammation chiefly on the mucous membrane, sometimes but rarely on the skin. The parts which are most often affected, are the mouth, the anus, the vulva, the glans penis; when it attacks the skin, it shows itself between the fingers, or wherever the skin is in contact with itself; but without dispute, the natural openings present the inflammation most frequently. The membranous exudations which arises in this species of disease ought not to be confounded with that sometimes produced by a burn or a blister, for in these diphtheritic inflammations the epidermis is not raised upon the skin, nor the epithelium upon the mucous membrane. This disease frequently attacks the mouth; there have been but three cases at the hospital, but at least fifteen have presented at the external consultation. It is an easy mistake and one frequently committed, to consider these patches as ulcerations. In fact, nothing resembles them more; the mucous membrane, red and thickened all around, causes the diseased point to appear sunken, and even if there is much swelling and putrid odor, as is often observed, it was for a long time considered to be gangrene. M. Bretonneau was the first who demonstrated clearly that it was not a gangrenous affection, but simply a diphtheritis, and that the gangrenous aspect was an illusion. This does not absolutely imply that angina never terminates in gangrene, for this unfortunate termination sometimes occurs, but very rarely at the present day, yet before the labors of M. Bretonneau it was considered frequent. It is necessary to know in the way of treatment that emollients do not succeed at all in this species of disease. Diphtheritis lasts an unlimited time, if this kind of treatment only is resorted to, while by the aid of other remedies the cure is effected in a few days. The best remedies against diphtheritic inflammations are found in the class of irritants; the moderate application of some weak caustic succeeds wonderfully against this affection; for example, hydrochloric acid, nitrate of silver, and, a more convenient and equally efficacious application, alum in powder. It is only necessary to charge the moistened finger with the medicine and apply it lightly over the diseased spot two or three times a day, and in a few days the disease disappears. The same result is obtained whatever be the seat of the diphtheritic phlegmasia; the patients never remain in the hospital more than three or four days.

There have been four cases of angina. These affections are sometimes ranked among medical and sometimes among surgical diseases; they are in fact on the confines of the two branches. Wherever they are classed, it is important to divide them into three species, according as they occupy the surface of the mucous membrane, the cellular tissue, or the parenchyma of the tonsils. These three kinds of angina ought to be carefully distinguished, as they do not arise from the same cause, do not produce the same consequences, and require different treatment. The inflammation which occupies only the external membrane is not accom-

panied with much swelling ; it is catarrhal and yields to the employment of alum and irritants. The phlegmasia of the second species is more serious. It is generally caused by the action of cold on the parotid regions, the efforts of the voice, singing, declamation, &c. As it occupies the cellular tissue and the phlegmon can spread to the neck the length of the sterno-cleido-mastoid muscle, it demands an active antiphlogistic treatment, blood-letting, leeches, revulsives. The third class, or parenchymatous angina, is characterized by a rapid swelling ; it is arrested by emetics and purgatives, but whatever may be done it often terminates in abscess of the tonsil. There has been one case of anthrax, of no consequence. There have been two cases of external phlebitis. Phlebitis ought not to be confounded with any other inflammation. If any one desires to prove the necessity of studying the phlegmasiæ after the organic systems where they are developed, it will be found precisely in the history of this kind of inflammation. This year there has not been a case of internal phlebitis. We observe the difference which exists in an inflammation of the cellular tissue, for example, and that which attacks the veins. Although of the same nature, simply on account of the dissimilar parts which it occupies the disease is very different in the two cases. It is much more necessary to establish a decided distinction in phlebitis, according as it attacks the external or internal surface of the vein. Phlebitis was formerly divided into two classes, internal and external. Our predecessors understood by external phlebitis, an inflammation of the external or superficial veins of the body ; and by internal phlebitis, that which occupied the deep veins, either of the cavities or limbs. According to M. Velpeau, external phlebitis is an inflammation of the external surface of a vein, wherever it may be, and internal phlebitis an inflammation of the internal surface of any vein. Thus we see that the same words represent two ideas entirely different. This distinction is of great importance in view of the consequences of the two inflammations, for while external phlebitis is a trifling disease, internal phlebitis is generally considered at this time a very formidable affection. It is very seldom that a patient dies from external phlebitis, which is often the result of internal phlebitis. Besides, the great danger that accompanies internal phlebitis is easily conceived. It is an inflammation occupying the internal surface of the vein, which like every other inflammation may terminate in suppuration. What will become of this pus ? It has no outlet, none except the calibre of the vein itself ; it will diffuse itself and circulate with the blood. The consequences are easily foreseen. The patients do not all die, as ought to happen when pus enters the circulation. It happens in rare and fortunate exceptions that coagulable lymph is effused into the vein, which obliterates its calibre and renders poisoning by the pus impossible. External phlebitis is not always free from danger, although its gravity is not comparable to that of internal phlebitis ; when it is severe it is only like other inflammations. If these two diseases present such great differences in their prognosis, is it not of great importance to be familiar with the symptoms peculiar to each, so as easily to recognize them and avoid any unfortunate confusion ? In external phlebitis we find upon the course of the vein a

large red cord, hard, painful, unaccompanied by any general complications worthy of notice. In internal phlebitis the attack commences by rigors, frequent pulse, and a decided prostration, and sometimes we perceive a red and knotty cord along the course of the inflamed vein, but it must be severe to be as evident as in external phlebitis. In fine, in external phlebitis, the local symptoms are the most marked; in internal phlebitis, the constitutional symptoms arrest the attention of the physician before he has thought of the local symptoms. External phlebitis remains a local affection, internal phlebitis is quickly generalized and soon affects the whole system. The grave prognosis which it is necessary to make of internal phlebitis, acquires additional gravity when we reflect that we are ignorant of the means of arresting its progress. Many medications have been tried successively, none of which are satisfactory. Recourse has been had to compression of the vein, but as this produces a diffuse inflammation, no benefit has resulted from it. Section of the vein has been proposed; this is sometimes a dangerous operation, and moreover exposes to the same inflammation against which it is employed. What we consider necessary, but which is very difficult to find, is a medicine which can neutralize the pus mixed with the blood; some kind of re-agent which will annihilate the cause of the poisoning. While awaiting this discovery, we must add, unfortunately, that nearly every patient attacked by internal phlebitis dies. External phlebitis is easily cured by the remedies proper for the phlegmasiæ; it is often cured by resolution; some cases, however, pass on to suppuration. There has been one case of myotitis, but as it is impossible to generalize a single case, we pass on to erysipelas. There have been five cases of simple erysipelas which have entered the hospital as such; there have been fifteen other cases as complications. The five cases of simple erysipelas were discharged cured; but of the fifteen happening in the hospital, eight died. The five patients of the first series had erysipelas of the head; this is a less dangerous disease than is generally supposed, and a cure was made in from six to ten days, whatever remedy was employed. This last proposition, though it may appear strange, is particularly insisted upon, because a great number of physicians think they cure erysipelas, one by one kind of medication, another by a different treatment; one by bleeding and leeches; another by emetics—*ipécac*. But Velpeau thinks all are deceived by not having observed the ordinary duration of the disease when left without any treatment. Erysipelas of the head is cured generally in from four to ten days. The treatment aims to moderate the symptoms and avoid troublesome complications. Does this shorten the duration of the disease? This is a question very doubtful and very difficult of solution, for one does not know before hand how long the erysipelas will last, and may be greatly deceived in this respect. For example, we have received a female who twice before had been affected with erysipelas which continued from twelve to fourteen days; she entered the hospital, we employed no treatment, and she was well in four days. Evidently, if any remedy whatever had been employed, it would have obtained the honors of the cure. Apropos of erysipelas, there is one point which appears to merit some notice. Since



Franck, some physicians, and M. Chomel particularly, have asserted that erysipelas of the head was preceded by engorgement of the sub-maxillary ganglions. The facts have not appeared to us to have been considered in their true light. This irritation does not seem to us to precede the appearance of the disease, but, on the contrary, we believe that it is the consequence of it. If we perceive the presence of erysipelas of the face only after we had determined the existence of ganglionic irritation, it is because the erysipelas most frequently occupies the hairy scalp before it shows itself upon the face, and we know in that region erysipelas may easily pass unnoticed. If any one will examine the subject he will be convinced that these things are as here advanced. This manner of considering the engorgement of the ganglions which accompanies erysipelas, corresponds with the mode of producing these engorgements in general, which we have already described and which we shall reproduce when we consider the question of glandular inflammations. In respect to treatment, erysipelas presents this remarkable peculiarity, that it is not arrested by any kind of treatment whatever. We have tried every imaginable topical application without having arrested its advance. The mercurial ointment, lard, ointment with calomel, sulphate of copper, diluted acids, the nitrate of silver, of which much has been said, and upon which an American physician has written a whole volume; blisters, sinapisms, &c., all these means have failed. One unguent alone appears to us to have any effect upon erysipelas; it is the ointment of the sulphate of iron. *R.* Sulph. ferri, eight to ten grains; axunge, thirty to forty grains. A solution of ten grains to one hundred grains of water may be applied to the skin by means of moistened compresses. This salt evidently has an influence upon erysipelas; the teguments with which it comes in contact become pale and shrivelled, but it has not more than the remedies above mentioned the property of limiting the disease. This application has not then in reality any great importance; we see in some patients the general symptoms persist and even increase in spite of the disappearance of the redness, which proves that it is a general disposition which produces it, and which in fact alone renders it dangerous. Nevertheless, we employ the sulphate of iron in erysipelas, as it renders some service, but what is required is a general, *constitutional* remedy. It appears singular that of the five patients who entered the hospital for erysipelas, none died, while eight of the fifteen who were attacked with the same affection, being already in the wards, have died. This appears enormous, but it is very easily explained. The five patients who entered for erysipelas had no other disease; but although it may sometimes terminate seriously, recovery is much more usual. Of the fifteen patients who were attacked with erysipelas in the hospital, not one was affected with this phlegmasia alone; some had undergone operations, one had a peritonitis, another a pneumonia, others suppuration. That which caused these patients to die was not more the erysipelas than the other disease which they presented. Thus it may be established, as a precept, in surgery and medicine, that erysipelas as a complication is a very serious disease and destroys a great number of

patients, if not by itself, at least by reason of its developing itself in the midst of circumstances already grave.

(To be continued.)

### ELECTRO-GALVANISM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I forward you the following account of two cases treated by electro-galvanism, not because I wish to become an advocate of empiricism, but because I desire to introduce more fully to the notice and *practice* of the profession an agent capable of powerful remedial energy; more especially in those cases where ordinary therapeutical remedies prove unavailing.

CASE I.—J. F. came to me with a limb sorely afflicted with œdematous erysipelas, the skin distended enormously from the groin to the foot. He informed me that he had been subjected to various modes of treatment, but all to no avail, and so much inconvenience, rather than suffering (though occasionally attacked with recent inflammation), did it produce, that he was willing to make almost any pecuniary compensation to one who could effect a cure.

I commenced at first with passing a feeble galvanic current through the limb, increasing its power from day to day. The effect, though gradual, was pleasing. The distention and hardness gradually subsided, and the muscles became more flaccid, and at the same time the facilities of locomotion increased. I continued the application of this remedy with apparent *daily* improvement, until the limb was reduced in size full one half. It then occurred to me that the *skin* needed some powerful excitant, and I thought it best to set aside the galvanism and make use of the local application of tincture of iodine. Accordingly I painted the limb now over with this substance every day or two for some time, until the limb approaches nearly its normal size; at the point where the distention was greatest, it being only one quarter of an inch larger, by actual measurement, than the corresponding point on the sound limb. My patient is continuing the application of the iodine with the expectation of effecting a permanent cure.

P. S.—No other unfavorable occurrence followed the application of the iodine than occasional slight vesication.

II.—D. B. had an arm affected with neuralgic rheumatism of about two years' standing. The pain was not continuous, but occurred usually during the night when sound asleep. Previous to his applying to me, it had become a very faithful monitor, rousing him from his slumber every morning from 2 to 4 o'clock, giving him no further peace or rest until he had spent some thirty minutes in *rubbing* the affected member. I commenced with the daily application of galvanism as in the above instance, giving him a stimulating liniment to apply night and morning. The amelioration of the pain was rapid, when, after a few applications, he reported himself *well*, with the exception of "a slight numbness in the

ends of his fingers." The galvanism was omitted, and I gave him some strychnine, to be taken in 1-6 grain doses three times daily for three or four successive days. To-day he again showed himself with a smiling countenance, saying "he was entirely cured, having had no *pain* or *numbness* since he was last at my office," it having been a period of several days.

Yours respectfully, A SUBSCRIBER.

#### REPLY TO DR. INGALLS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, Wm. Ingalls, M.D., continues to avoid a discussion of the main subject under consideration, viz., homœopathy as a humbug, and confines his remarks almost entirely to questions relating to my personal, moral or intellectual character.

The impudence which he manifests in constituting himself the umpire in these questions, together with his frequent use of falsehood to sustain the position taken by him in many of his statements, forbid any further notice of him.

Any arguments to sustain the principles of homœopathy which may be drawn from either case reported by him, will meet with all the attention they may merit.

L. WOODRUFF.

*New Britain, Conn., October 27, 1846.*

#### ON DENTO-NEURALGIC AFFECTIONS.

By A. C. Castle, M.D., New York.

THE most frequent dento-neuralgic affections are those arising, first, from the cutting; and, secondly, from the decay, of the dentes sapientiæ, familiarly called the "wisdom teeth;" these teeth make their appearance at various periods of life, from 18 to 45, and even in some cases as late as 70 years of age.

During the period of cutting these teeth, the person suffers from stiffness of the neck, and a sensation of fulness in the head. As the tooth advances, and the reflection of the internal membrane, or the skin of the mouth, over the tooth, and the inner angle of the sub-maxillary bone, is gradually stretched to an extreme degree of tension, the darting, shooting pains along the nerves of the face, temple and neck, are very severe, and are frequently combined with salivation, noises in the ears, discharges from them, and deafness. In a large majority of cases, not until the tooth is so far advanced as to cause severe inflammation, or the biting of the intervening flesh, is the discovery made by the patient, that he is cutting his "wisdom teeth." By dividing the skin reflected over the tooth, deeply and freely on either side of the tooth, and across, in the form of a longitudinal  $\Gamma$ , the sufferings of the patient will at once be relieved.

The second exciting cause of dento-neuralgia is the decay of the dentes sapientiæ. They frequently make their appearance in a decayed



state, and hence, in addition to the symptoms I have just described as existing anterior to their external development, the patient complains of headache, or, as it is generally styled, in the ignorance of the cause, "nervous headache," "bilious nervous headache,"—severe throbbings and acute pains in the super-orbital nerve, temple, and eyeball, sometimes with *muscæ volitantes*; shooting pains down the neck, and along the margin of the tongue; earache, and darting pains from the internal ear along the portio dura of the seventh pair of nerves and its collateral branches; violent pains in the sub-orbital nerve; in short, an apparent and perfect case of neuralgia facialis, in combination with severe toothache, not in the *bona fine* offending tooth—for, strange to say, the pain is rarely, if ever, experienced there—but in the bicuspid, or cuspidati, which are often extracted by unthinking persons, and where these are absent, in the chin. Such is a general view of the symptoms produced by the presence of decayed *dentes sapientiæ*.

I select, from upwards of two hundred which have come within my notice during a period of seventeen years, the following cases:—

CASE I.—The first case which attracted my attention was that of Mr. M'M——, a wealthy Scotchman, aged about 45 years. He had, to use his own expression, "suffered years of martyrdom," and had expended nearly five thousand dollars for the "best advice." After having heard him describe his misery and his symptoms, I asked permission to examine his teeth. He smiled with a sort of pity for my ignorance, asking "what his teeth had to do with his neuralgic malady?" I examined the teeth, pushing a sharp-pointed probe or sound into the superior "wisdom tooth." It produced a most violent neuralgic paroxysm. "Out with the de'il!" vociferated the gentleman, and with his energetic request I quickly complied. I then sounded the next tooth by a sharp tap with a steel-headed instrument, followed with the same results as in the other case. I extracted it also. In short, I extracted, at one sitting, from this gentleman's mouth, eighteen teeth, every tooth he had in his head, and every tooth complete as far as concerned their integrity, but diseased at their roots or fangs, which had assumed a green, transparent, amber-like appearance from the neck of the tooth to the extreme point of the fang, gradually diminishing in the extent of this affection upon the healthy bone as the teeth became distant from the *dentes sapientiæ* towards the front incisors, thus proving that they had severally become implicated in the disease, and had severally become irritants to this branch of the nervous system. No "untoward event" occurred from the violent operation of extracting so many teeth at one sitting. The mouth healed rapidly, and from that moment (December, 1828) until that of his death (August, 1845) he never had the slightest sensation of a neuralgic attack, his mouth having been replenished with artificial teeth.

II.—Dr. W——, a successful oculist of this city, was sorely troubled with what he was pleased to term, "a sort of bastard sciatica," from the fact that the pains in this region were not sufficiently acute to cause him to believe it to be a genuine sciatica, and yet severe enough to cause great inconvenience and considerable lameness, the pain passing along the line

of the nerve, causing violent twitches in the calf of the leg. Dr. W. attributed his pains, his lumbago, his "bastard sciatica," and his lameness, to a severe "cold" in the limb, contracted by standing for several hours on a wet deck, while out on a fishing excursion. Several months passed, and the various remedies employed for its cure having failed, the pains and lameness rather increasing than otherwise, a friend of the doctor, who had not seen him for years, coming suddenly upon him, shook his hand so heartily as to cause a severe pain in the shoulder and neck, and spasmodic twitches of the face, and pain in the anterior bicuspid tooth. The doctor called upon me to examine the "aching tooth." I at once discovered it—the tricuspid tooth—to be perfect in every respect; but the inferior dens sapiens to be very carious, and the pulp of its nerve exposed. With a little persuasion, I was permitted to extract the "wisdom tooth," in opposition to his own opinion that it was the bicuspid tooth that ached. Having released himself from the "operating" chair, the doctor paced the room for some time in conversation, when he suddenly exclaimed, "why, bless me, I can walk straight!" He has never had a return of the lameness or pains from that period—the summer of 1836.

III.—Casually meeting Dr. D——, of this city, and having put the usual inquiries relative to the health of his family, he answered that all were well except his sister; but that she was suffering the greatest tortures from neuralgic affections in the right eyeball, supra-orbital nerve, and in the temple, round to the occipital portion of the head, the superior cervical vertebræ, down under the deltoid muscle into the axilla, and along the terminal branches of brachial plexus; also along the ramus of the jaw to the tongue, with constant twitches of the platysma myoides, and partial paralysis of the palpebræ superioris. I thought, from the ramus of the jaw being affected, and a tenderness in the inferior canine tooth, that possibly it all might arise from a decayed dens sapientiae. Stating my opinion to the doctor, he requested me to accompany him home, adding, that all he had done afforded only momentary relief. I found the young lady in bed; she was feverish and pale; her pulse quick and hard; her breathing short; her countenance anxious, and expressive of much suffering; violent throbbings at the temples, which the neuralgic paroxysms increased; disturbed by light. I found, as I suspected, the diseased tooth, and at once extracted it. After several hours' sleep she rose from her bed, and she has had no return of her affliction since—upwards of five years.

The two next cases are more interesting, from the fact that the neuralgic symptoms were so remote from the cause, and the apparent beauty and soundness of the teeth seemed so conclusive against the possibility of any preternatural excitement existing in any one tooth, or its nerve or nervous membrane. In these cases, it is proper to add that the dentes sapientiae had not yet made their appearance.

IV.—May, 1845. Miss E——, aged 16, a remarkably fine, healthy-looking girl, on rising from her bed, about three years antecedent to this period, was suddenly seized with an acute pain in her left hip-joint, which for several hours gradually increased in severity, causing considerable lameness. No notice was taken of the matter for several days, the mo-

thier of the young lady thinking that it was simply a cold, or that she had strained the joint by some sudden movement. Occasionally a warm foot-bath and stimulating embrocation, and mild counter-irritants, were used, without any curative effect. The paroxysms now became increased in frequency and severity, the pain shooting from the elbow joint to the axilla, thence to the pectoral muscle, for the moment preventing respiration, then, from the lumbar vertebræ to the hip-joint down to the knee; occasionally a stinging numbness, so to express it, in the toes, of course increasing the lameness so as to require assistance. Surgical advice was procured, and in treatment, change of scene, the springs, sea-bathing, a sea voyage, &c., three years passed away without any relief, the paroxysms making their appearance daily, about noon and midnight.

During this period I had attended the family in my professional capacity, and always conceived the case to be a neuralgic affection which chance or time alone would cure. About eighteen months after the first attack, upon examining her mouth and teeth, which were most beautifully shaped, and apparently sound, I thought I perceived a reddish tinge about the upper part of the face and neck of the front incisor; tapping it with the blade of a pen-knife, it was so tender that she would not permit a repetition. This tooth was watched, and its color gradually increased in intensity until it almost became pink in its hue, with one or two small purple spots. In the next front incisor this process of discoloration now commenced in a similar manner; the gums above becoming tumefied, and of a deep purple color; the teeth a little loosened, evidently from the inflammation of the periosteum. I suggested to the attending physician that this, in my opinion, was the primary and exciting cause of all the poor girl's sufferings. After a few weeks, I again pressed upon him my opinion in regard to the case. He expressed his willingness that I should do as I pleased, holding him irresponsible. What little doubts I entertained in the matter I stated to the parents, who, consulting with the physician, he simply remarked, that extracting the teeth could do no harm further than the disfigurement it would cause, at the same time he could not see what possible good could or would be derived from the operation. A few days after, the father, with some hesitation, consented to my propositions of extracting first one, and then as many as I conceived necessary to bring it to a successful issue. The young lady was anxious to have the operation performed, from the moment that the hint was given that in the teeth was the source of all her suffering. I extracted the worst-looking one first, or the one most highly tinged. The patient fainted, but was speedily roused from her swoon by a most violent paroxysm; "Doctor, you were right, it is the teeth!" exclaimed the young lady: "take out the others." A brief examination of the next incisor decided me at once to take her at her word, and the other tooth was immediately extracted: she had no renewed attack or unpleasant symptom from this second operation, but reclining back upon her pillow she subsided into a sound sleep, which continued for nine hours, and to the astonishment of her family, when they were at breakfast-table, she walked upright without assistance into the room; and she is in the full enjoyment of health.



V.—Miss R——, previous to neuralgic attacks, was a young lady of fine, healthful appearance, 15 years of age. She had been subject to nervous headaches and acute pains in the right eyeball and temple to the sagittal suture, along its line, and down the whole spinal column, leaving a dull, aching “lumbago.” The paroxysms were exceedingly severe, occurring every other day, sometimes missing the alternate day. Frequently, on these occasions, during the violence of the paroxysm, all use of the lower limbs would be lost; at other times, simply a numbness of the extremities would be produced. She had been treated for “spinal affections,” “neuralgic affections,” “nervous affections,” “dyspeptic affections,” and “affections” of the liver, without any benefit to the real affection. She had had two teeth filed apart, or “separated,” as dentists term it, some three years previous, because, as she said, they were too close together, and she feared they might decay; latterly she could not bear anything warm or cold in her mouth, as it occasioned a neuralgic “tingling.” I carefully examined each tooth, striking them severally with a steel sound. Upon striking the right cuspidatus, or “eye tooth,” she experienced acute pains in the eyes and temples, and a loud sounding noise in the ears and head, as of the dying reverberations of a gong or bell. One tooth had been filed down the side through the enamel to the bone; touching this, the left cuspidatus, with a sharp-pointed instrument, the pain was excessive, giving that nervous sensation of the “blood running cold,” and as if the whole body would draw itself up into a corrugated ball; the right cuspidatus had been scraped at its neck. I extracted these teeth; and with the loss of the teeth, her afflictions vanished. The teeth presented a similar appearance to those of the last case.

I have thus detailed, as fully and simply as possible, a few of the cases which have fallen under my observation, illustrative of neuralgia from the presence of decayed dentes sapientiæ. Without entering into any elaborate disquisition as to the pathology of these cases, I submit them to the thoughtful consideration of the profession; and if they lead practitioners to the examination of the teeth, hitherto so generally neglected in these affections, I am confident that the interests of suffering humanity will be essentially promoted.—*London Lancet.*

#### ON THE STATE OF PHARMACY IN MEXICO.

IN the 13th No. of Travels and Descriptions of Countries, by Widenmann and Hauff-Cotta (1837, p. 67), are contained a few observations on the state of medicine in Mexico. In reading these through, and more especially in perusing the description of the proceedings of the government against quacks and unlicensed venders of medicines, every honest pharmacist must wish to see this class of men treated in the same way in every other country as in Mexico.

The medical authorities in Mexico are annexed to the Ministère de l'Intérieure. The *Protomedicat*, as it is termed, consists of a President,

a Dean, a Fiscal and five members, all Doctors of Medicine, with a Secretary and an Usher.

Their duties consist in superintending the examinations in medicine; in the inspection of the conduct of all medical men; to see that they confine themselves to the legal limits of their profession; in the direction of medical studies; in the inspection or visitation of the apothecaries' shops; in the direction of the medico-political measures in case of epidemics; in putting the laws into execution against quacks and unlicensed venders of medicine of every description, who are to be rigidly prosecuted, and, in case of conviction, punished with fines, banishment, or imprisonment with hard labor; lastly, in sending in monthly reports of the state of health of the previous month to the government, the reports being themselves founded on the observations and notes to be forwarded by all medical men in actual practice to the Protomedicat on this subject.

The medical men are arranged under the usual heads of physicians and surgeons (the two classes being rigidly distinct), accoucheurs and apothecaries.

Physicians must be graduated Doctors of Medicine, but before they are permitted to practise, they must pass an examination (state examination) before the Protomedicat. If they are found duly qualified, they are bound by their oath to act in every case according to the best of their abilities and their consciences; to abstain from the performance of all surgical operations, unless they have passed the examination in surgery also, and not to prepare or dispense medicines, much less to keep an apothecary shop; further, not to take their own relations, even the most distant, under their treatment, to attend the poor gratis, to be content with moderate remuneration from the rich; and, lastly, to promote the fulfilment of all religious duties on the bed of sickness and death, or they subject themselves to a fine of 10,000 maravedis (about forty piastres) for each case, in which one of their patients, by their neglect, dies without having received the sacrament. The law holds them, moreover, responsible for every culpable neglect of the duties of their profession.

The apothecaries are, in the first place, by law, subjected to a rigid examination, and then to a periodical visitation of their shops, beyond the precincts of which no medicines are allowed to be prepared.

They are bound to reject all prescriptions not signed by a legal practitioner, to abstain from all medical and surgical practice, and never to quit their shops without leaving an approved and duly qualified substitute.

All their assistants must be acquainted with Latin, and capable of compounding medicines accurately and quickly, according to prescription and the directions of the Spanish Pharmacopœia. No one is permitted to open a shop or to take one in a place where his father or father-in-law, son or son-in-law, are established in medical or surgical practice.—*Chem. Gazette, from Correspondenz-Blatt für Sud-Deutschland.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, NOVEMBER 4, 1846.
 

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*French Surgical Instruments.*—Notwithstanding our frequent advocacy for the use of the productions of our own country, a sense of justice demands that the claims of others should be acknowledged in whatever they may excel. Instruments of peculiar delicacy and finish are manufactured in Boston, and the business should be generously encouraged; but the French have the tact of giving to their articles a certain indefinable finish and completeness, that has never been attained by the English, and although approximated here, does not in every instance come up to the fine standard of the first class of surgical cutlery in Paris. These thoughts have been called up by looking at a large importation of remarkably beautiful instruments, which Mr. Burnett, in Tremont Row, received last week. A case of autopsical apparatus, unequalled in the matter of convenient shape, and adaptation to the particular use to which they are to be devoted, cannot be otherwise than admired, and very much coveted, too, by those engaged in anatomical researches. The ophthalmic needles, knives, and accompanying tools—all packed in the most economical manner, of every conceivable pattern, anticipating every kind of contingency in operations on the eye—delighted us as products of art, independently of their known utility in a difficult branch of operative surgery. Dissecting knives, miniature as well as large, and in variously constructed cases, are also on hand, cheaper, too, than it seems possible to manufacture them in America, which will allow every student to be furnished with them.

In the series of curious, novel and convenient things by this importation, are a few of the celebrated Charriere's compound microscopes—truly the philosopher's companion—by which converse is held with some of the otherwise invisible works of Creative power.

All who are connected with the study or practice of medicine, would be gratified with an inspection of these elegant articles; and we cannot well refrain from urging it upon all, who have an opportunity, to visit Mr. Burnett's establishment before so many of them are sold as to lessen the interest the whole collection is calculated to awaken.

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*Anatomical Museum.*—A New York correspondent writes that Dr. Beach, of that city, announces for exhibition an extensive collection of specimens of natural and artificial anatomy, the latter being chiefly made of wax, papier maché, &c., which he has arranged in seven rooms of his own house. In one of those rooms he is careful to publish that he has the *midwifery* department, and in which there are numerous models and preparations illustrating the phenomena of *parturition*, &c., to all which he invites the public, old and *young* indiscriminately, for a few shillings, and the *ladies* especially, for whose special instruction certain hours are set apart exclusively. Lectures on the whole are also promised.



Now to all efforts calculated to diffuse popular knowledge in human anatomy and physiology we have ever been happy to contribute, so far as they are conducted by competent and discreet men, and are limited to such topics as it is every man's and every woman's duty to know, as they have opportunity. But that there are limits to such exhibitions of human structure, and that the proprieties and even the decencies of life are often transcended under the pretext of scientific teaching, has become notorious. Numerous lecturers have been itinerating through the country, with casts, models, drawings, and preparations, which they dignify by the name of anatomical museums, their most attractive specimens appertaining to the delicate subjects of conception, gestation, manual and instrumental labor, deformed genitals, &c., the promiscuous exhibition of which has been and continues to be demoralizing and mischievous, especially to the young. The mysteries disclosed to view in the "midwifery department" of Dr. Beach's museum, are not fit objects for young people of either sex to look upon, nor should females be permitted to see such sights, unless they have acquired an age and experience qualifying them for nurses, nor then unless they are destined to be practitioners of midwifery. Nor should any anatomical exhibitions be countenanced by the public, unless public assurance is given that no indelicate or improper features deform the collection, nor unless the respectable character of the exhibiter afford a guarantee to this effect. If under the statutes for the suppression of lewdness, lascivious pictures and obscene books are suppressed by the civil authorities, why should these disgusting exhibitions, so corrupting to public morals, escape the notice of our Grand Juries? That they are pregnant with mischief, cannot be doubted. We may have more to say on this subject hereafter.

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*Diseases of the Circulation.*—Messrs. Lea & Blanchard placed before us, some few weeks since, one of those neat volumes of theirs which have secured them a reputation worth preserving, entitled "An Anatomical Description of the Diseases of the Organs of Circulation and Respiration, by Charles Ewald Hasse, M.D., &c., of the Pathological Chair in the University of Zurich. Translated and edited by W. E. Swaine, M.D." It seems that this volume was brought into the English language through the active bibliographical energy of the Sydenham Society, which is becoming famous of late for its success in rescuing from oblivion, extraordinary efforts of medical men of different countries and ages. Although we do not perceive that the author greatly excels others who have written on the same series of practical subjects, yet we think the work is a valuable addition to the library, as it confirms us in the opinion of others who have pursued the same class of investigations.

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*Manual of Examinations.*—If students of medicine are not well taught in this age, there must be some defect in themselves, and not in the books which are furnished them. It is a subject of perfect surprise to us that a single stupid fellow can be found in a lecture-room or office, surrounded as he must be continually by an atmosphere of science. There is no kind of knowledge, from the botany of the hyssop that springeth out of the wall, to the complicated mechanism of the most perfect animal, that

is not made plain in the books, even to the capacity of a child. When, therefore, we hear of the incompetency of young gentlemen to sustain themselves in an examination for honors which they are ambitious to have, whether merited or not, the fact cannot be, nor ought it to be, concealed, that they are idle appendages of society, who should never be trusted with the care of a fellow being prostrated by disease.

These reflections arose spontaneously while looking over the pages of a plump volume of 689 pages, from the press of Messrs. Barrington & Haswell, Philadelphia, having this expressive title-page, viz., "A Manual of Examinations upon Anatomy, Physiology, Surgery, Practice of Medicine, Chemistry, Obstetrics, Materia Medica, Pharmacy and Therapeutics, to which is added a medical formulary, designed for students of medicine throughout the United States. By J. L. Ludlow, M.D. Second edition, revised." The labor of arranging the questions and answers in each of these departments, must have been immense; and yet there is an admirable conciseness in them, and a degree of exactness, that gains upon the reader as he proceeds from elementary anatomy to the medical formulary at the close. Were students to exercise each other with this admirably-devised assistant, especially while attending lectures, it would be a wonder indeed if no progress were made in their studies. The work may be found at Messrs. Jordan & Wiley's, State street, where those who may feel that it is possible to be benefited by such a system of drilling as is here represented, may look into its peculiar merits.

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*Natural History of the Alligator.*—A re-print from the New Orleans Medical and Surgical Journal, on the Crocodile of the Mississippi, with a microscopic addendum, on the skin, &c., shows a remarkable thirst for exact knowledge by Dr. Dowler, the author. What are we to think of infusoria—which he calls solar, because only seen in sun-light—which are filiform, cylindrical, lead-colored; that endure boiling and all degrees of heat, short of incineration, and remain desiccated for indefinite periods, and may be triturated, without destroying their vitality or their powers of motion! Who can define life? Dr. Dowler excites our admiration by the versatility and thoroughness of his studies. Whether he writes on abstract principles in philosophy, on caloric, the phases of disease, or the details of natural history, he is always the same indefatigable student, and the same far-seeing, philosophical inquirer.

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*Water-Cure Advocate.*—The multiplication of hydropathic hospitals in this country manifests a perfect mania on the subject. The rivers are likely to be wholly appropriated to this use. When the Connecticut fails—for Brattleboro' and Northampton will make heavy draughts upon it—the Ohio and Mississippi may be regarded as reserved sources of vitality for the future use of the water-mad people of New England. No scheme for making a sudden favorable impression on certain orders of minds, has been so eminently successful. The more drenchings the patients have, the more they want. Those who have been cured once, are not satisfied; like some of the lunatic patients, annually reported, they require to be cured again—to be re-washed, in order to convince an incredulous world of spectators, that water, applied scientifically, is a remedy for every known infirmity.

But we were intending to speak of a sort of seven-by-nine paper, bearing the title of "The American Water-Cure Advocate," sent forth from Salem, Ohio, which would never, perhaps, have been noticed, had it not been for the care bestowed in it upon our humble selves. Whether Dr. Cope intended to be witty or profoundly grave in his pointed editorial observations on us, cannot be determined, as it is plainly shown that the powers of analysis exhibited in its pages are on a scale too small to cope with subjects beyond his literary focus and comprehension. The Water-Cure Advocate is apparently one of those ephemerals, a number of which have lately been called into being for the obvious purpose of heralding the transcendent qualifications, as water-curers, of individuals, who never succeeded in anything else; discovering, too, the gullibility of the unreflecting part of society, which constitutes so large a part of the whole. To show Dr. Cope that we owe him no ill will, we will express our sincere hope that he may never so far lose his reason as to submit to the aquatic treatment he so strongly recommends to others.

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*Staphyloraphy.*—Dr. Alfred C. Post, of New York, has lately repeated the operation of staphyloraphy with complete success upon an interesting private patient, the attempt being only made to unite the soft palate at the first operation. He has since performed staphyloplasty upon the hard palate with incomplete success, the fissure being too large to be completely covered. A small gold plate, however, will now succeed in remedying the deformity, and the advantage conferred upon the patient is invaluable.

Dr. Post is one of the Surgeons of the New York Hospital, where he has distinguished himself by his science and skill, as well as by his lectures, his present course being on Orthopedic Surgery, including the autoplasmic operations, in which he has had signal success both in private and public practice. He is one of the few gentlemen in full practice who find time to keep pace with the literature of the profession.

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*New Method of Extracting Cataract.*—Dr. L. F. Gallup has devised a novel method of extracting the cataract, through the sclerotica, instead of cutting away the under surface of the cornea. The particulars of the operation, and the precise character of the instruments he requires, have not yet been made public, nor will they be till he has fully satisfied himself on every point in relation to the discovery.

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*A Rich Hospital.*—The Massachusetts General Hospital and the McLean Lunatic Institution, united in interests, have had the following sums given by the individuals named. John McLean gave \$119,000; Mary Belknap, \$89,000; Daniel Waldo, \$40,000; William Phillips, \$25,000; Tho. Oliver, \$22,000; Israel Munson, \$21,000; Joseph Lee, \$20,000; Samuel Elliot, \$10,000; Abraham Touro, \$10,000; Jeremiah Belknap, \$10,000; William Appleton, \$12,000; David Sears, \$7,000; James Perkins, \$5,000; Thomas H. Perkins, \$5,000; Beza Tucker, \$5,000, and Mary Brimmer, \$5,000.

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*Growth of Sarsaparilla in Buenos Ayres.*—On the banks of the river Parana, says a recent traveller, the quantity of sarsaparilla growing is so



immense that the waters, even below the Basada, have become strongly impregnated, so much so that invalids, in time of peace, go up to drink of the great decoction, for the restoration of their impaired health.

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*Nostrum Certifiers.*—Under this head the editor of the Western Lancet is collecting, from various quarters, the names of medical men who have given certificates of the value of secret compounds. Physicians have been too careless on this point. Sometimes their good nature has led them to yield to the importunities of some acquaintance who wishes to speculate on the credulity of the public. Oftener they are deceived by false assurances that their certificate is to be used only to a certain extent, or with certain qualifications. In either case there can be no excuse. The principle is radically wrong, and although the results concern the public, who are to be duped, vastly more than the physician, yet, he is aware of the deception, and is responsible, not only for any influence which he may exert in furthering its success, but for withholding all judicious counter-acting influences. While upon this subject we cannot but remark, that considering the pecuniary enticements furnished by the various methods of quackery, it is highly creditable to the profession that so few desert the path of integrity for these shorter and easier roads to wealth. The number of those who have been deluded into certifying to nostrums is by no means large; but the number of those who have deliberately and openly adopted the practices of quackery, is quite insignificant. We think this fact may be cited as affording striking evidence of the honorable character which belongs to the medical profession as a class.—*Buffalo Medical and Surgical Journal.*

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*New Means of Disinfecting Dissecting Rooms.*—M. Sucquet has presented the Academy of Sciences with an account of his new mode of impeding the putrefaction of subjects used for dissection. He observes, the means which at present imperfectly accomplish that object, as arsenic, corrosive sublimate &c., either injure the edges of cutting instruments, or prove detrimental to the health of those who use them. He employs two substances—namely, a solution of sulphite of soda, and one of chloride (chlorure) of zinc. The first of these is injected into any large artery, returns by the veins, and even fills the lymphatics. It exerts no chemical effect upon the blood, but effectually cleanses out the minutest capillaries, so that other injections may be used afterwards. The volume, consistence, color, &c., of parts are all preserved, and remain so, if the integument be undisturbed, so that air does not obtain access for a month as an average period, but sometimes even for forty or fifty days, and that in a moist atmosphere, at a temperature of 54 degrees. The sulphite absorbs the oxygen given off by the tissues, and prevents it taking part in the putrefactive process.

This substance, however, does not protect from putrefaction for more than twenty days, when the integument is destroyed, and the tissues are exposed to the air; but the parts may be preserved forever free from putrefaction by the use of the chloride of zinc. Parts required for further dissection should be immersed in it, and all those in which putrefaction is about to commence should be daily sponged with it. Its action is instantaneous. Parts which have become green and softened are at once disin-

fect, all the tissues it comes in contact with becoming white and hard. It acts by precipitating the soluble portion of the animal fluids, as albumen, fibrin, &c., and it coagulates cerebral and fibrous tissue.—*Medico-Chirurgical Review*.

*Medical Miscellany*.—At the late Fair of the American Institute, at New York, the prize of a silver medal was awarded to Dr. Jarvis for his surgical adjuster; and also to Dr. Palmer for his artificial leg. The judges in the surgical department were Drs. Reese and Post, of New York city.—Thirteen deaths by yellow fever occurred in the Charity Hospital of New Orleans, between Aug. 31st and Sept. 30th, and since then 19.—An Æsculapian Society, entirely made up of medical students attending lectures in New York, has commenced weekly sessions for the season.—Measles have proved quite fatal among the troops at Fort Gibson, on the south-western frontier.—To such a low state are many members of the medical profession reduced in England, in consequence of the excessive multiplication of those engaged in the healing art, that quite a number are reduced to being police officers on the great lines of English railroads. Attorneys are said to resort to the same mortifying dilemma for a living.—A woman in New York lost her life by an overdose of morphine, taken to allay the pain of an aching tooth.—A Dr. Ladd, of Louisville, Ky., stabbed a man from Philadelphia, dangerously.—A Dr. Weiting is giving popular lectures in Boston with a manakin.—Dr. Vincent Holcombe, of Granville, Mass., is one of the candidates for election to the Senate.—A regiment of volunteers from Tennessee, originally numbering 1000, have been reduced by sickness in the army to 400.—The cholera has passed from Teheron, in Persia, to the city of Kasbin, and was spreading S. E. when last heard from, sweeping off from 200 to 300 a-day.—Mr. Robert S. Davis, of Boston, has published, the last week, the tenth edition of the Class-Book of Anatomy, for schools, academies, and colleges.—Dr. Wm. Frank has been indicted at Buffalo for manslaughter and misdemeanor in his treatment of a German woman who died in child-bed while under his care. The case is said to be an atrocious one.—The disease among cattle has broken out afresh in Poland, to such an extent that the exportation of cattle has been prohibited.—Dr. and Mrs. Kalley, whose house was ransacked at Madeira, by a mob, irritated by the English conversions to Protestantism, arrived in England by the Avon.

TO CORRESPONDENTS.—Dr. Shipman's case of Retention of Urine has been received. The case of wound of the heart referred to by Dr. S. never reached us.—A translation of a lecture of Dionis, a paper on the Health and Longevity of Missionaries, a case of Tumor of the Thyroid Gland, and a notice of Orthopedy in Boston, have also been received.

MARRIED.—Dr. Samuel P. Dickinson, of Talbot Co., Maryland, to Miss C. R. Willard, of Mass.—Dr. Lewis S. Hopkins, of Northampton, to Miss F. J. Washburn, of Boston.—Dr. Algernon S. Carpenter, of South Gardner, Mass., to Mrs. S. M. Jillison.

*Report of Deaths in Boston*—for the week ending Oct. 31st, 48.—Males, 27, females, 21. Stillborn, 2. Of consumption, 12—scarlet fever, 3—typhus fever, 3—lung fever, 5—infantile, 7—croup, 3—dropsy of the brain, 3—erysipelas, 1—marasmus, 2—tumor, 1—disease of the bowels, 1—abscess, 1—disease of the brain, 1—scald, 1—suicide, 1—inflammation of the bowels, 1—cholera morbus, 1—accidental, 1.

Under 5 years, 25—between 5 and 20 years, 7—between 20 and 40 years, 12—between 40 and 60 years, 3—over 60 years, 1.

*A way to get a Diploma.*—There is a certain advertising quack in New York, who is said to have obtained a diploma from a Medical College, in the following manner. When he first came to this country he commenced peddling about the streets with a small basket on his arm, which barely enabled him to support his family; but he met with one of his countrymen, an old German physician, who had been well educated, and had enjoyed a good practice, until he became dissipated, which brought upon him disgrace and degradation, and prepared him for baser deeds and meaner associations. Said physician, on coming to this country and becoming acquainted with our hero of the toy-basket, and his peculiar mind, advised him to become a doctor. How can I do that, when I have no previous education? asked the pedlar. The German doctor replied, you must feign that you cannot speak English, and I will interpret for you, but we must not let the professors know that I am a physician. All preliminary arrangements being made, and the story having been given out that the Dutch pedlar had been a surgeon in Napoleon's army, &c., he was examined, and his friend interpreted to suit the case. The result was, *that he passed a pretty fair examination, considering his having been educated in another country, and being wholly unacquainted with our language and mode of examination.* The diploma being obtained, served him as a passport into the Medical Society of the City and County of New York. We next find his flaring advertisements in nearly all of our city papers, telling of his *celebrated elixirs and wonderful cures.*—*New York Medical and Surgical Reporter.*

*A Place without Quacks.*—The following communication from Dr. Hagood, of Barnwell Court House, S. C., discloses something "new under the sun"—*a place without quacks.* Our friends in the district referred to, may comfort themselves with the assurance that we envy them their peace and quietude. In this region, the quack frequently thrives and grows fat, and dashes about in his carriage, while his hungry competitor, the regular physician, trudges on foot. Verily, a rich soil is but a poor boon with these draw-backs.—*Western Lancet.*

"In relation to the progress of empiricism, I am happy to be able to say, that the soil is too poor for it to flourish. Large cities, where there are a great many wealthy fools, where newspapers are always ready (for money) to vaunt and puff, and lend their aid to this diabolical trade; and where thousands of people of easy gullibility, with mouths wide open, are ready to swallow any pill or nostrum that may be presented to them by any designing knave—these are the places for the medical rogue to walk, and strut, and flourish; and when he has amassed a princely fortune, to sit down quietly and laugh at the gullibility of the human family."

*Dental Exostosis.*—The most remarkable example of dental exostosis which we have ever seen, was presented by Dr. James Robinson, of London, to the Museum of the Baltimore College of Dental Surgery. The exostosis is situated upon the posterior part of the neck and root of an inferior dens sapientiæ. It forms a protuberance nearly twice as large as the tooth, and projects back from it about seven eighths of an inch, and the circumference of the distal extremity is more than double that of its neck.—*American Journal of Dental Science.*



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## HEALTH AND LONGEVITY OF MISSIONARIES IN INDIA.

[Communicated for the Boston Medical and Surgical Journal.]

[THE following article was written by Dr. O. R. Bacheler, of the Free-Will Baptist Mission in India, by request of his colleagues, and its sentiments adopted as their own. Dr. B. is an American, and was brought up, we believe, in one of the Northern States. His experience in the important matter of which he treats is valuable, and his paper will be perused with interest by the readers of the Journal.]

The average length of missionary life in India has been estimated at five years. This estimate was probably made when the country was in a more unsettled state, and the comforts enjoyed by new comers were far less, than at present. It is but just, therefore, to consider this as rather too low for the present time. Still it is a melancholy fact that a very large number of missionaries, the hope of the church and the ornament of the mission cause, either end their toils with their lives, or are driven from the field of their anticipated labors by diseases incident to the climate, within a short period after their arrival in the country. Others still struggle on in precarious health, subject to severe and long-continued trials, with, of course, but a limited amount of usefulness. It becomes us, therefore, divesting ourselves of all prejudice, to consider dispassionately, in the light of enlightened science and religion, the causes which tend to produce this melancholy result.

We propose, in this paper, to consider—

First, The causes which tend to produce a diminution of health and longevity, operating indiscriminately upon all.

Secondly, To consider some causes which tend to produce this effect on new comers.

Thirdly, Some causes incident to females.

Fourthly, Causes somewhat miscellaneous, illustrated with some examples.

And, finally, To offer some recommendations for the better preservation of health.

First, then, we notice some of the causes which tend to produce a diminution of health and longevity, operating indiscriminately upon all.

1. First among these we may mention change of climate. It appears to be a prominent law of nature, which obtains throughout both the animal and vegetable world, that the country of one's nativity cannot be

exchanged with impunity. Vegetables that thrive luxuriantly in their native soil, no sooner become exotic than great care and labor are necessary to enable them to support even a sickly existence. Animals so far regard this law, that they never voluntarily leave their peculiar localities ; and when transported from their native climate, without great care soon sicken and die. But man, endowed with reason and provided with the means of adapting himself to his varied circumstances, suffers far less than either of these ; yet to a certain extent he must suffer. And although he may call to his aid innumerable alleviating circumstances which may enable him to provide against many of the obnoxious influences to which he is exposed, still an essential law of nature has been violated, and he cannot expect to escape with impunity.

2. Change of diet may be mentioned as another of these causes. It could not be expected that in a land the antipodes of our own, articles of food should be obtainable possessing the same properties as those to which we have been accustomed. Even the wheat and potatoes of India are essentially different in their qualities from those of northern climates. The tendency of all exotics is to degenerate—and he that seeks to obtain in tropical climates food that will sustain his system as well as that of his native land, will seek in vain. Although these difficulties are felt most severely by the new comer (and during the first few months they will prove a serious annoyance), still they must continue to affect him more or less through his whole course. But that admirable provision of nature which enables all to adapt themselves to their circumstances, comes to his relief, and after a few years, or perhaps months, he learns to consider these difficulties as among the least of his trials.

3. Change of habits may be mentioned as another of these causes. Many missionaries have been accustomed to active habits at home, and their labors in this country often require long and close confinement. The extreme heat, also, confines them within doors a considerable portion of the time, and the exhaustion induced by it incapacitates them for exertion when able to go out. There must be, therefore, to a certain extent, a change in their customary habits, and this may exert an unfavorable influence on the health.

4. Depression of spirits, incident to the work in which he is engaged, may be considered a prominent cause of ill health. The trials occasioned by intercourse with a people so perverse as the Hindoos, are to a sensitive mind by no means trifling. Their indolence and dishonesty, imbecility and ingratitude, are fruitful sources of annoyance. The object for which the missionary has left his highly favored land and submitted to a voluntary exile from home and friends, is that he may be instrumental in saving some of his fellow men from temporal degradation and from future misery. So long, therefore, as the work prospers in his hands, he is happy ; and however great his sacrifices may have been, he counts them of little consequence if he can but win souls. But when his peace is disturbed by so many discouraging circumstances, when converts to christianity are so few and feeble, and the opposition experienced from various

sources is so formidable, melancholy feelings often arise, and these have an important influence upon health.

Another fruitful source of depression of spirits is want of society. It often happens that missionaries are far removed from each other, and deprived of the blessings of social intercourse, and the converse of kindred spirits. True he may generally find society among the people with whom he labors; but the distance he is removed from them, both morally and intellectually, precludes the possibility of intellectual companionship. He may benefit them, but they cannot improve him. He may impart, but he cannot receive. The mental exhilaration flowing from the intercourse of kindred spirits, "the feast of reason and flow of soul," he can never expect among them. Loneliness, intellectual loneliness, though often imperceptible in its influences, will necessarily exert an influence upon the depressing passions, and these more or less upon health and longevity. Solomon seems to have been aware of this influence of the passions when he says, "a merry heart doeth good like a medicine, but a broken spirit drieth the bones." "The days of the afflicted are evil, but he that is of a merry heart hath a continual feast."

Second, we proceed to notice some of the causes which have a tendency to produce a diminution of health and longevity peculiar to new comers.

1. To a person just arrived in a tropical climate, exposure to the sun is a prominent cause of ill health. He is apt to make his own feelings the criterion by which he judges of its influence on his system, than which nothing could be more deceptive. With his northern blood still coursing in his veins, and with that glow of health which his native climate has imparted, he often possesses a peculiar feeling of security; and while he is sensible of no immediate effects of exposure, he fancies he is safe. Others, he admits, may have suffered and fallen early victims to such exposure, but he feels that he has some superior strength of constitution which will exempt him from like consequences. This often proves a fatal error; and when the effects of such exposure are not immediately experienced, a train of unhappy consequences may be induced, which expose the system to the inroads of disease and can never be fully eradicated. Could we become acquainted with the history of those who have come to India with firm constitutions and flattering hopes, who have nevertheless fallen early victims to the climate, we should no doubt be astonished at the number of those who had perished in consequence of unnecessary exposure to the sun.

2. Another cause of disease incident to new comers, is improper diet. Several months' confinement on board ship is apt to give one an appetite. To him who has just left the sumptuous fare of the north, where nature has yielded of her abundance for the gratification of the appetite, with longings for his accustomed food still urgent, there is something in the fare he will meet with here that will sorely disappoint him. Insipidity is a striking characteristic of many articles of Indian food, both animal and vegetable, and these by their contrast will strongly remind him of the good things he has left at home. Turning in disgust from the better part of



these, he seeks to gratify his vitiated appetite by indulgence in tropical fruits, of which he has formed a high opinion; the specimens he has met with in his own country serving to corroborate that opinion. Here, too, he is doomed to disappointment; and after trying a variety of these, at improper seasons and in improper quantities, perhaps, he turns in disgust from most and is satisfied with none. His appetite is often capricious, which leads him to indulgence in a variety of useless trash, in immoderate quantities, which do not yield to the system its necessary support, but only render it liable to disease. Such indulgence is often a fruitful source of cholera, diarrhœa and fever.

3. A disregard of the principles of hygiene, as it regards exercise, bathing, &c., is often a source of disease to the new comer. The period of one's acclimation in a tropical climate, is a critical one. Yet it often happens that at this period he is least attentive to the laws of health. The excitement of the varied scenes of a new country often leads him to forget himself, and rush rashly into danger, to his great detriment in after life. It often happens that he has not learned, or, if he *has*, that he neglects to avail himself of the great advantages of bathing on his first arrival. The advantages of the bath in India are incalculable. It cools and quiets the over-exerted system, equalizes the circulation, and enables the skin to act as a safety valve to relieve the body of its super-abundant waste, which would otherwise generate disease.

Regular and active exercise is also too often neglected. It may not have been found necessary at home, why should it be so here? Yet this is a serious error. Exercise *is* necessary, almost absolutely so, and if a person would pass safely the period of acclimation and enjoy health in India, he should by no means neglect to take regular exercise, bathe daily, and attend strictly to all the laws of hygiene.

Thirdly, we propose noticing some of the causes which tend to diminish health and longevity, operating particularly upon females.

The proportion of deaths among females is considerably greater than among males—and this greater mortality among females holds good, also, in other classes of society. This remains to be accounted for on some other principle than that of exposure, since the peculiar duties of females require their confinement for a greater part of the time within doors. But there are other causes which tend to produce disease, peculiar to their sphere of labor.

1. Prominent among these may be mentioned household duties, which bring them much in contact with native servants, hence subjecting them to a great amount of annoyance. Ladies generally are far more susceptible to the influence of the depressing passions than the other sex, and nothing tends so much to excite these as the unceasing irritation and annoyance continually experienced from native servants. The stupidity, indifference, and imbecility, so constantly met with, fail not to ruffle and irritate the calmest spirit. And where a cheerful mind is so essential to health, this continued disturbance of the kindlier sensibilities of the soul cannot fail to be seriously detrimental to the healthy exercise of the physical powers.

2. Maternal duties often exert a deleterious influence on the health of females. The care and anxiety attending the duties of the mother, and especially *nursing*, often exert a powerful influence in prostrating the powers of the system, and rendering it liable to the inroads of disease. An opinion prevails among the higher classes of Europeans in this country, that the mother cannot generally nurse her own offspring with safety; consequently they usually employ native nurses. Such a course is often shocking to the feelings of the sensitive mother, and she frequently prefers risking her own health, rather than see her tender babe drawing its life-sustaining nourishment from the breast of a debased menial. The number of female missionaries who have suffered severely from the influence of, or have fallen victims to maternal duties, is by no means small. Yet we believe that this evil is susceptible of great alleviation, and that with proper care and management the duties of the mother may generally be performed without material detriment to health. But where such duties cannot be thus performed, the safety of the mother should take precedence of all other considerations.

Fourthly, we were to consider some miscellaneous causes, which tend, under certain circumstances, to militate against health and longevity, and to illustrate the same with cases where such are available.

1. Under this head may be mentioned capriciousness of appetite, which leads to indulgence in improper food in undue quantities or at improper seasons. One case has come under our notice, where health was seriously impaired by such indulgence. Pastry of every description, fruits in all their varieties, preserves, &c., were always acceptable, and were often eaten indiscriminately at all hours of the day. Such a course, as might be expected, did not fail to induce disease and undermine the constitution.

2. The use of tobacco often appears to have a deleterious influence on health, when indulged in immoderately. Smoking is very general among Europeans in this country, and many missionaries, under the impression that it serves to prevent the influence of malaria, have become accustomed to its use. Though many indulge in it without any perceptible ill effects, yet there can be no doubt that when used to excess it often proves seriously injurious. We have known two or three cases where strong constitutions have been broken up, and the sufferers compelled to leave the country, without any other perceptible cause than the immoderate use of tobacco. Its tendency is to relax the nervous system, debilitate the powers of life, and induce disease of the alimentary canal. The particular form of disease assumed in the above cases, was chronic diarrhœa, which required a long sea voyage to remove.

3. A neglect of bathing appears to be productive of ill health. We wonder that, where this is habitual, good health should in any case be enjoyed; and it is a source of surprise that any should neglect an exercise so essential to cleanliness, and at once so agreeable to the feelings and beneficial to health. Yet, we regret to add, that some do neglect it and suffer in consequence. One or two cases might be mentioned, where permanent ill health was apparently induced, in part, if not entirely, by such neglect.

4. Neglect of exercise appears to be a fruitful source of disease. To live well in India, a man must take active exercise—it is essential to his healthy existence. It matters little what that exercise consists in, provided that the muscles of the body are brought into play at the same time that the mind is relieved and interested. Active labor, walking, riding, athletic exercises of almost any description, are all powerful auxiliaries to health. It is a well known fact, that military men, engineers, surveyors, &c., whose employment requires a great amount of exercise, notwithstanding their constant exposure in the open air, are more healthy than any other class of society. Additional remarks on this subject seem almost superfluous. Still there are many who neglect exercise, to their serious detriment. This is peculiarly the case with those whose labors confine them much to the desk, and who consequently require more than many others.

5. Improper diet is often a source of ill health. In country stations it is often difficult to supply one's table with proper food. This is an evil which admits of a remedy to a considerable extent, by some little management and expense; but where it cannot be remedied it should be endured as one of those necessary evils to which the resident in a strange land is often subject.

6. The want of medical assistance is sometimes found to be a serious evil. It is the lot of some to be located in country places, where the services of a physician are not available. To obviate this difficulty, care should be taken to locate first in more populous regions, where such services are generally available. Populous towns afford a better opportunity for missionary labor, and the advantages they possess over country stations are neither few nor small.

7. Improper dwellings often prove a source of disease. In this part of the country board floors or ceilings are unknown. The walls and floors are invariably constructed of brick or mud, plastered with lime. The great number of white ants, which insinuate themselves everywhere, and annihilate everything of a less indestructible nature, render this manner of building indispensable. These, especially in low situations serve as a receptacle for moisture, which does not fail to exert an unfavorable influence. Care should be taken, therefore, that a dry and elevated location should be selected, and the dwelling erected on a plan that would secure exemption from the cold and moisture, as well as from the heat. Well-ventilated rooms, with their foundations properly elevated, will generally secure these objects.

Other causes of minor consequence might be mentioned, which exert an influence on health, to a certain extent; but these will be found to be of the most importance.

Finally, we propose to offer a few recommendations for the better preservation of health.

1. On the subject of diet, a diversity of opinion prevails at home. Some advocate a generous animal diet, while others contend that a purely vegetable one is best adapted to the preservation of health in a tropical climate. The writer of this article came to India with strong predilections in favor of the latter, but after a short period of trial was constrained to



adopt a mixed diet, on account of the difficulty of obtaining proper vegetable food. Experience shows that neither a strictly vegetable nor animal diet is best adapted to the preservation of health, but a generous substantial one, either animal or vegetable. We have an illustration in point. It is well known that the Hindoos of the lower provinces of Hindostan, whose diet is principally vegetable, are small, effeminate and short lived; while the Mussulmans of the same region, who employ considerable animal food, are a stout, athletic and more healthy race. But the Hindoos of the upper provinces, whose diet is still more exclusively vegetable, are more vigorous, robust and healthy than the Mussulmans. The cause of the difference obviously is that the first subsist principally on rice, the second on a more generous diet, animal and vegetable, while the latter make use of wheat and the various productions of more temperate regions, more varied and generous than either of the others, though almost exclusively vegetable.

After what has been said, this part of our subject requires but few additional remarks. The art of preserving health in India, as in almost every tropical climate, may be stated in almost a single sentence. A substantial diet, such as will afford gratification to the appetite, and at the same time supply the waste of the system; a dry and airy habitation; active exercise, that will afford exhilaration to the mind as well as the body; habits of cleanliness, which cannot be secured without daily bathing; a cheerful spirit, enlivened, so far as circumstances will admit, by social intercourse; and last, but not least, an active faith and firm reliance on the benevolent bestower of all good, without whose blessing all other efforts must prove abortive, cheered by the hopes, the blessed hopes and consolations of the Gospel—these are the means which reason and experience have pointed out for securing health and longevity. When the great principles of physiology shall come to be thoroughly understood and acted on by all, then we may expect that the great mortality which has prevailed among missionaries ever since the commencement of the enterprise in modern days, will be greatly diminished, and health and long life will be the portion of those who have voluntarily exiled themselves from home and kindred, to become pioneers in the onward march of christianity, to bring glad tidings and publish peace to the perishing children of men.

*Balasore, Hindostan, July 31, 1846.*

#### CASE OF RETENTION OF URINE, CAUSED BY CANCER OF THE PENIS—OPERATION—CURE.

By A. B. Shipman, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case occurred to Dr. Wm. F. Cooper, of Miles, Cayuga Co., a few weeks since, and I am induced to report it as possessing some features of rather a novel character. The subject of the disease was an

old man, by the name of James Carpenter, æt. 70, yet had always been healthy up to within eighteen months. He had led, for the last fifteen years, a wandering, vagabond life, leaving a wife and family to provide for themselves. He was five years with the Wyandot Indians, and the balance of the time going from place to place, picking up a scanty subsistence; but, so far as the story of the old sinner can be credited, and public report also, licentiousness has not been one of his besetting sins. I make these remarks for the purpose of doing away what was prevalent in the neighborhood, viz., a belief that his afflictions were the result of a violation of the seventh commandment. His story was this—that two years ago a small warty excrescence appeared on the prepuce, which was sore and itchy. This eat away slowly, when, six months ago, it had destroyed the prepuce and glans penis. This was followed by a diminished stream of urine, so that he did not fully empty the bladder at any time. About four months ago an ulcer came on the dorsum of the penis, about the middle portion. This eat down to the urethra, and the urine found its way with great difficulty through this opening. This ulcer was of the size of a York shilling, ragged, sloughy, with inverted edges, and was excessively painful. The pain was of a sharp, lancinating kind, and had always been so from the beginning of the first sore. Dr. Cooper, on seeing the case, and ascertaining that the bladder was constantly full, and what urine escaped was forced out in a dribbling manner, and finding no means of removing this with a catheter, as the openings in the urethra were nearly closed by the disease, proposed a consultation. On visiting him and making an examination, I found him as has been described. A most intolerable fœtor filled the house, notwithstanding the utmost care at cleanliness. Remains of penis hard as cartilage, almost to within three fourths of an inch of body. The old man's general health was good, and he was vigorous for one of his years. His distended bladder gave him much pain; the tumor rising high as the umbilicus; no urine passed beyond the ulcer on top of penis. A fine probe could not be made to pass into the urethra. I gave it, as my opinion, that the disease was cancer, and that an operation of removing the penis was all that offered any relief. This opinion Dr. Cooper concurred in fully.

While Dr. C. retracted as much skin as he could, with a straight bistoury I removed the penis within a quarter of an inch of the body. It bled profusely, six arteries requiring ligature. The patient made water freely in a fine large stream, which gave him great relief. A catheter was placed in the bladder, and we found skin enough to cover nicely the stump of the penis. The penis was diseased to within half an inch of where it was cut off; the urethra impervious, and the penis of a scirrhous hardness. The patient has recovered perfectly.

*Cortlandville, N. Y., October 27, 1846.*

## TUMOR OF THE THYROID GLAND SUCCESSFULLY EXTIRPATED.

By Otis Hoyt, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

HANNAH SMITH, of Mason village, N. H., aged 30, dark skin, black hair and eyes, thin in flesh, otherwise healthy. The tumor first made its appearance about five years since. The growth has been very slow until within the last year, during which time it has grown rapidly. It is situated on the left side, extending as low as the sternum and to within half an inch of the os hyoides, and from a little beyond the median line of the trachea, extending under the sterno-cleido-mastoid muscle. It now impedes respiration and deglutition to such an extent as to make her desirous an attempt should be made to remove it. After stating to her all the dangers attending such an operation, she still insisted on its being performed.

On the 13th of August, 1835, I proceeded to do the operation, as follows. The patient was placed in a chair, her head turned a little to the right side and supported by an assistant. An incision was commenced at the upper and middle part of the tumor, and extended to the sternum through the integuments. This brought to view the platysma myoides muscle, which was next carefully divided. The sterno-hyoid and sterno-thyroid were found passing over it, and were next carefully separated and held aside. I then made an attempt to separate the tumor from its lowermost attachment, which was very readily accomplished. The dissection was then continued upwards on the inner border and the tumor found firmly adhering to the trachea, requiring considerable careful dissection to separate it. It then dipped back and was attached to the œsophagus for the space of an inch and a half. These last attachments were removed mostly with the handle of the scalpel. In following the tumor backwards, I found it attached for the space of two inches to the sheath of the carotid artery, internal jugular vein and par vagus. The patient was now apprised of the danger of this part of the dissection, and the necessity of remaining perfectly quiet. The attachments at this part were carefully removed, mostly with the handle of the scalpel, although there were some points which could not be accomplished without the knife. Lastly, I proceeded to dissect the superior attachments, which were found firm and almost cartilaginous, in doing which the superior thyroid artery was divided and bled furiously, and could not be got hold of in consequence of its retraction; the hemorrhage was arrested by the actual cautery. The inferior thyroid was secured by torsion early in the operation. The tumor was now completely removed, leaving a wound about four and a half inches long, which was closed by two points of interrupted suture and adhesive straps, a light compress and loose bandage. The patient was now conveyed to bed, very much exhausted and faint, of which however she soon recovered. She was put on low diet, and perfect quiet enjoined. In twenty-four hours she complained greatly of difficulty and pain on attempting to swallow. The wound assumed a red and angry appearance; skin dry and hot; tongue white; pulse averaging from 90 to 100, and hard.



She was bled to eighteen ounces, and six leeches were applied to the neck. Gave her one ounce of sulph. mag., and after the leeches were removed applied a poultice to the wound. From this time the symptoms all began to improve, and on the third day healthy pus was abundantly discharged, and in twenty-seven days she was discharged as well.

The appearance of the tumor previous to the operation was elastic, a little lobulated, not discolored on the surface, and no pulsation. On viewing it after its removal, the external covering was about the natural color of the gland, perhaps a little darker. On cutting into it, envelope was found of a tough fibrous texture, and the interior contained three distinct cells, filled with a black matter about the consistence of tar, and nearly as tenacious. The upper part had assumed a cartilaginous hardness.

Since the above operation, I have seen a very similar one, in almost all of its details, in Dr. Warren's excellent work on tumors.

#### DR. MURPHY'S LECTURES ON MIDWIFERY.\*

(Communicated for the Boston Med. and Surg. Journal.)

THIS is an excellent work. It ranks with those with which Lea & Blanchard, the Langleys, Ticknor of our own city, and others, have so largely enriched the profession. These enterprising publishers have not confined themselves to one department of medicine. They have also given us exceedingly valuable works in every other, and thus made tributary to the profession here, the most important portions of the medical literature of Europe. They have employed our own distinguished physicians to prepare for the press the foreign work, and have so added such local value to it, as the introduction of what may be at all peculiar in our pathology or therapeutics, is calculated to do.

The work of Dr. Murphy is commended to us by the position and rich practical experience of the author. He has been taught in excellent schools, and his relations to Mr. Carmichael are guarantees of the practical value of what he may put forth. His work is comprised within limits which will not exhaust while it improves, and is not so expensive as to make it a very serious question whether it shall be bought or not. It consists of thirteen lectures, on very important matters; embracing, in short, what it behooves every practitioner to know, and to know thoroughly. It will require careful study, and this is its best commendation. Read, for instance, the first four lectures. They describe the *pelvis* and the *mechanism of labor*. This last named subject is admirably treated, not indeed in so much detail as by some other writers, but sufficiently so to reward diligent study. This subject is the most important in midwifery literature. It is the philosophy of midwifery, and no man can so know this branch of medicine as to be prepared for all its emergencies, or its commonest duties, unless he does know thoroughly the

\* Lectures on Natural and Difficult Parturition. By Edward William Murphy, A.M., M.D., Professor of Midwifery in University College, London, &c. Epea Pteroeute. New York: Samuel S. & Wm Wood, No. 261 Pearl St. 1846.

*mechanism of labor.* Dr. Murphy's book, if not large, demands serious study, and with this will accomplish much to advance midwifery knowledge.

The remaining lectures are on the practical application of the principles so admirably pointed out in the first. The author has omitted nothing which is really useful in midwifery practice, and we were glad to find he would teach so humble an office as making a bed. W. C.

*Boston, November, 1846.*

#### ORTHOPEDIC SURGERY IN BOSTON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have noticed in your paper an advertisement of Drs. Brown, of this city, for the cure of deformities; and, *unsolicited*, I wish to say a few words concerning the very great advantages which Dr. Buckminster Brown has enjoyed in his studies in Europe. Having been received with the greatest favor by Dr. Little, the founder of the Royal Orthopedic Hospital, he was enabled to pursue his studies there under auspices such as few can ever enjoy. Constantly either at the house or at the institution of Dr. Little, he became thoroughly acquainted with all the operations and practices made use of by him, in the cure of deformities. Having finished his studies in England, he was received as a friend by MM. Guerin and Bouvier, the most distinguished orthopedists in Paris, both of whom are directors of large establishments. Thence he went to Germany, and was received in the kindest manner by Stromeyer, who was the original proposer of the new method of curing deformities. Having during his studies seen from one to two hundred patients daily, and having enjoyed the friendship and confidence of the most distinguished orthopedists in Europe, Dr. Brown has returned fully prepared for his profession, more fully indeed than it is possible for any one to be who has not enjoyed so great advantages.

Dr. J. B. Brown has for many years conducted, with singular success, an institution on the plan of those in Europe. He has now the assistance of his son, thoroughly acquainted with *every* branch of his profession, and especially with all the modern improvements in orthopedy. They have a complete set of apparatus, and an institution fitted for the purpose, with every convenience for exercise or repose. For the rich there is every comfort which could be found at home; for the poor, the most skilful treatment, and a gratuitous cure. J.

*Boston, November, 1846.*

#### BLEEDING FROM THE NAVEL.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In reading Dr. Dewees's treatise on the Diseases of Children, on the 331st page is found the history of a case of bleeding from the navel,

which fell under his care, which was by him successfully treated, but which, after detecting the source of bleeding, was nothing more or better than the merest tyro could, and almost certainly would, understand. And with all my veneration for that man, I think he has never seen, or has totally neglected to notice, the accident in some of its worst forms, in which it has, and sometimes does, take place; and although such cases (in country practice especially), like angels' visits, are few and far between, yet a correct plan of treatment is all-important, and if the case and treatment, which I am now about to communicate, as falling under my own observation, does not interest all of your numerous readers, perhaps it may some of them.

On the 29th of January, 1836, I was called to attend Mrs. D., then in labor, which proved favorable, and she was soon delivered of a fine healthy female child; although rather small, it did perfectly well until February 1st, when I was called upon, and found it with a profuse hemorrhage from the navel, which seemed to proceed from the line of separation between the shrivelling cord and the navel. I thought that astringents might be of use, and I had recourse to a strong infusion of the nutgall, solution of alum, acetate of lead, &c., and that I might keep it in close contact with the part I put cotton wicking around the cord some small distance out upon the abdomen, and I used as much pressure as I thought could well be borne. This seemed for a time to arrest the bleeding, but it would again return, seemingly with redoubled violence, and when I saw that all my feeble efforts were unavailing, and my little patient fast sinking, I had recourse to the following plan of treatment. I took a thin strip of gum elastic, stretching it very thin, and then took the cord between my thumb and fingers, and drew the navel so far out that I wound the gum elastic three or four times around it, and then tied a thread over the whole, by which means the bleeding was immediately and entirely arrested, and I had the satisfaction to see my little patient regain a good degree of health, which it retained until somewhat more than one year old, when it died of croup. Perhaps it may be said that the gum elastic might have been removed sooner than in four or five days; but as it seemed not to occasion any inconvenience, I thought I would let well enough alone. I preferred the gum elastic on account of its softness, elasticity and adhesive qualities. What gave rise to the bleeding I could not tell, but think it must have been from some rough handling which broke the feeble attachment which then existed between the shrinking cord and the navel.

DANIEL HUNTINGTON.

*Rochester, Vt., November 2, 1846.*

## HOMŒOPATHY IN EUROPE.

[Communicated for the Boston Medical and Surgical Journal.]

UNLIKE other new theories in medicine, homœopathy has not darkened the world with a hoard of senseless and illiterate charlatans; but on the contrary homœopathic physicians are generally from among the well-edu-



cated of the allopathic school, who have adopted the new system of practice, from the honest conviction of its truth—which conviction is generally the result of pure experiment. Unfortunately, however, they are divided in opinion as to the degree of attenuation to which medicines should be reduced. The one prefers the pure tinctures, and the 1st, 2d and 3d degrees of strength; while the other attenuates his medicines to the 30th, the 100th, and even to the 800th dilution and trituration.

The Schnell Post, a German periodical published at New York, quotes the following paragraph from the *Weser Zeitung*, Germany, which will be read with great interest by every physician who feels any desire to investigate the doctrines taught by the distinguished Hahnemann, more especially after having read the report of the doings of a large number of homœopathic physicians at a meeting held a few months ago, in the city of Philadelphia, where the doctrine of high potencies was extensively discussed, and almost unanimously adopted as the only true method of treating disease. But the following will show in what estimation those opinions are held by some of the most eminent physicians of Germany.

“*Homœopathic Congress held at Leipsig, August 10th, 1846.* The annual public meeting of the Central Society of Homœopathic Physicians was held here to-day, it having been preceded yesterday by a secret one. The reason why the session of yesterday was secret is unknown to us. We do not think it could have been preparatory to the public meeting—at least that could not be perceived from anything that was done to-day. The public meeting was opened by the President, Dr. Hartmann, with a discourse on the present state of homœopathy, its progress and literature, to which he added an *a priori* but incomplete argument concerning the efficacy of high potencies. Much to the same purpose Dr. K. Muller, the second physician of the Charitable Infirmary of Leipsig, gave a statement of the continually increasing advantages of that institution during the last three years, and then in a long discourse he communicated a full account of the experiments and their results made in the institution, with the high potencies. The effect of medicines in high potencies, in about forty different cases, was shown by him; also a great number of experiments with low dilutions, which he had made, placed beyond a doubt the inefficacy of the former mode, especially after having stated the very careful manner in which these experiments had been conducted. This question seemed to be of great consequence to the Society; still they did not for obvious reasons determine upon a full discussion of it, though they communicated to each other numerous and most unequivocal cases in favor of low dilutions, and finally, from fear of precipitancy, came to the determination of making more experiments in the Infirmary with the pretended more powerful high potencies of another apothecary, and to make a statement of their effects at the next meeting. This step was a mere equivocation, as had been before shown by Dr. Muller, who had also given sufficient warning in his discourse of the danger of such mystification, as was manifested by the administration of these high potencies.”

It is the opinion of some homœopathic physicians that, at the next

annual meeting of the above Society, which is to take place at Berlin, the doctrine of high potencies will be exploded as impracticable.

With the intention of curing diseases with smaller doses of medicine, Dr. C. F. Hoffendahl and Dr. David Thayer have opened a homœopathic dispensary at their rooms, at Boylston Hall, over Boylston market, where they will give gratuitous advice to the poor on Thursdays, from 3 to 4 o'clock, P. M.

D. T.

#### A REJOINDER TO THE REPLY OF J. WOODRUFF.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—J. Woodruff, it seems, has, in a fit of chagrin, closed his illiberal and unprovoked attack upon me by a wholesale denunciation—"it does not, however, matter much," for no *honest* man will believe *it* to be *true*.

November 5th, 1846.

WILLIAM INGALLS, M.D.

#### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 11, 1846.

*Dedication of the New Medical College.*—On Wednesday last, the new edifice near the Massachusetts General Hospital, in Grove street, in this city, was formally opened by an address from the President of Harvard University, who was particularly happy in his remarks upon the social position of medical practitioners, their duties, and their philanthropic exertions. The very convenient structure, now so far finished as to be in a condition to be used, and in which the medical lectures, the present season, have commenced under auspices exceedingly encouraging, was built partly by funds raised from the sale of the Mason-street house, and partly by subscriptions from gentlemen of wealth in Boston. The lot on which it stands, it should be remembered, was a gift from Dr. George Parkman. President Everett stated that the grant of the Legislature for building the old Medical College, for the accommodation of the medical department of the University, thirty years ago, was the last assistance the institution has received from the Commonwealth. Every person present must have been gratified with the observations of President Everett, clothed, as they were, in beautiful language. Dr. Hayward delivered the introductory lecture, which was replete with good sense and words of wisdom appropriately spoken. Having in past years published the introductory lectures of the professors, we hope to do so in this instance.

*Great Men in Medicine.*—Who are they? This is a question not unfrequently asked, and yet it is not easily answered. Every town and city has its eminent physician, and within the sphere of their acquaintance they are *the* oracles—the men for an emergency, on whom each community

relies for personal safety when overtaken by extraordinary sickness. There are the minor counsellors, to be sure, who are ordinarily sought in plain cases where the danger is not supposed to be imminent; but when the powers of life run low, and the fear of some fatal termination, not contemplated in the beginning, excites the neighborhood of sympathizing friends, there is a common centre of medical wisdom to which every eye is directed—the greatest man in medicine in the region; and however much he may be disliked in other respects, in the hour of family affliction he is the last hope. It is rare for society to acknowledge that any two practitioners of medicine are equals; one almost invariably has the pre-eminence in public estimation, whether deserving it or not; and he is the most skillful physician when the practice of the other fails to accomplish all that was anticipated. Villages, towns, the counties, and next, the cities, have each their bright medical focal point; and, lastly, every State in the Union acknowledges the existence, in its midst, of the most eminent physician in the Commonwealth, whose authority is above all other medical voices. And yet there is still another order of medical autocrats, supposed to be superior to all these, and their superior dignity depends upon the fact that they are at a distance, like the sun, and not approachable at all. Their influence either depends on the representations of travellers, or their own activity in authorship.

Reference is invariably made to higher and weightier tribunals of opinion, even by physicians themselves, and this has taught the people to do the same thing. Still the question remains to be answered, who are the great men in medicine? Although local influence, the regard of friends, the sycophancy of others who expect to be benefited by praising those they actually dislike, pecuniary independence, devotion to the interests of patients, and the honor of being the originator or abettor of some new heresy in practice, may add to the fame of an individual, the idea of a great man in medicine is not realized by the possession of these. He who abandons allopathy, and makes the welkin ring with his enthusiasm in the belief and practice of homœopathy, hydropathy, or any other new device for keeping the people impressed with a belief that they are receiving no benefit from physic, unless they take it in some new form and under a new name, are not the great men of medicine, however much some may be disposed to show that the abandonment of one theory is a great cause of glorification, provided another is adopted of a later pattern. Is the promulgator of a new doctrine in medicine the great man? A question arises very naturally here, who has been so fortunate as to have made a discovery worth publishing to the world? That the learning and industry of professed medical authors is an indication of originality in every instance, would be an absurd proposition.

If, then, the changelings in practice, the gormandizers of new theories, the idols of influential, self-interested friends; the complacent, flexible philosophers, who never say no, where there is a possibility of regretting it at a future day; the literary cormorants, over-loaded with the suggestions of other minds; dyspeptic pulse feelers, who address themselves to the delicate caprices of sickly intellects; and the authors of large books, are not really the great men in medicine, who are? We would briefly answer, those who honestly and studiously investigate the laws of human life, with a view to lessening the amount of physical suffering; those who



study the character of diseases, and seek diligently for their remedies; those who are above selfish considerations in prescribing for such as seek their advice in the hour of sickness; those who recognize the obligation that imperiously requires a physician to maintain an honorable intercourse with his professional brethren, to discharge the duties of a good citizen, to sympathize with the afflicted, and on every occasion to do as he would have others do for him. The physician who lives up to this simple, but golden standard of moral excellence, though he may not be sought after from a distance, must be respected, and will die lamented—and he, alone, is truly the great man in medicine in every country.

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*Copland's Dictionary.*—Reference has been so frequently made to this work, one way and another, for so many years, that the medical public is probably more familiar with the title than the text. However, it gives us pleasure to announce the publication of Part XVII., Harper's edition, edited by Dr. Lee. Where the nine preceding ones are, is a question, not having seen them. If any of the Boston booksellers have them safely packed away, to our address, they will be doing a special favor to send them to this office.

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*Swedenborg on the Brain.*—A few weeks since, the Royal Academy of Sciences at Stockholm, loaned to an association in London, an interesting philosophical and scientific manuscript left by that extraordinary man, Swedenborg, on the human brain. The third chapter is exclusively devoted to the consideration of diseases, seriatim, forming a distinct body of curious philosophical pathology. This, with some other papers never before published, is to be translated by that eminent scholar, Mr. Wilkinson, whose version of Baron Swedenborg's *Animal Kingdom* met with the favor of all good judges. There are tracts, also, on *animal spirits*, *sensation*, *the origin and propagation of the soul's action*, and *the harmony subsisting between the soul and the body*. His opuscula, being the smaller scientific tracts, are in the process of being translated by Mr. C. E. Strutt, a gentleman of the medical profession.

The prodigious mass of matter prepared by Swedenborg, much of which has never yet been translated, added to the series of volumes now turned into the English language, is absolutely marvellous. When and how it was possible for one individual to have written so much and so well, on almost as many different subjects as there are chapters, we cannot divine.

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*Vermont Medical Society.*—The Vermont Medical Society lately convened for their annual meeting, agreeably to the by-laws. The delegates of the Woodstock and Castleton Medical Colleges made report of the high standing of these schools, and recommended them as worthy of the confidence of the people and profession.

Elected the following officers for the year ensuing, viz. :

James Spaulding, Montpelier, *President*; Shubell Converse, Norwich, *Vice President*; Z. P. Burnham, Montpelier, *Recording Secretary*; J. A. Allen, Middlebury, *Corresponding Secretary*; J. Y. Dewey, Montpelier, *Treasurer*.

Drs. Charles Hall, C. W. Horton, A. G. Dana, and Dyer Story, were appointed delegates to attend the National Medical Convention at Philadelphia, in May next.

Horace Eaton, of Enosburg, and S. W. Thayer, Jr., of Northfield, were appointed delegates to the Castleton Medical College; E. C. Worcester, of Thetford, and Horace Hatch, of Burlington, were appointed delegates to the Medical College at Woodstock. Voted to hold a semi-annual meeting at Castleton in June next, at the close of the spring term of the school. Horace Eaton and S. W. Thayer, Jr., were appointed orators at the semi-annual meeting.

*Literary Cannibalism.*—A Journal called the Western Medical Reformer, supporting what is denominated the *reformed practice*, or Beachism, is in labor just at this period, with a terrible review of the Thomsonian theory! With what inflamed eyes the two monsters must look at each other. Happily for the peace of that portion of the world inhabited by their disciples, the earth has not been shaken by their party violence against each other, or their combined efforts to break down all order in studying into the nature of diseases and the remedies by which they are controlled.

*Quackery at the West.*—A correspondent in Cincinnati, some time since, furnished us the following particulars respecting one of the many quacks who infest that growing city. The letter was mislaid, and the account has therefore not been published before.

“Our thriving city can probably boast of as great a *variety of quacks*, if not in as large proportion, as any city in the Union. We have one in particular, who is a great curiosity. I have not seen him, but give this notice on the authority of a lady who professes to be acquainted with him. He is *blind* as to natural sight, but as a substitute possesses the gift of clairvoyance, and also the faculty of conveying to others a sort of mesmeric influence, which has a healing virtue. In his manipulations he brings his fingers in contact with the disordered parts, instead of keeping them at a small distance as practised by some other magnetizers. When he operates on parts affected with pain, there is a mutual transfer of sanative influence and of the pain. As the soothing and curative power passes into the diseased part, the disease (i. e. a portion of it) in the form of pain, leaves the patient and passes into the doctor. I am assured that he has been recently operating upon a lady here, professedly afflicted with cancer; and while the patient, at the close of each operation, expresses herself greatly relieved, the hand of the doctor becomes tormented with the fiercest pain, insomuch that he is obliged to grasp with his sound hand the wrist of the pained one with all his might, and to walk up and down the room, in some cases for ‘two hours.’ Who would not employ so disinterested a doctor?”

*Filling Teeth.*—A great deal of labor, mechanical tact and experience are required to fill a tooth so as to secure its preservation. Few dentists perform this operation in a proper and thorough manner, and hence it is that it so frequently fails to accomplish the object intended to be secured

by it. Although by far the most important, and at the same time the most difficult operation in dental surgery, it is performed by a large majority of practitioners in an exceedingly imperfect and bungling manner, and yet we cannot believe that all who fill teeth thus, are incapable of doing it better. We believe that many could perform the operation in a neater and more substantial manner, if they would bestow upon it six or eight times the amount of labor which they are accustomed to do. It is impossible for any one to fill properly fifteen or thirty, or forty cavities in teeth, a day, as many do. As a general rule, from an hour to an hour and a quarter constant, hard labor, is required to prepare a cavity in a tooth and fill it in a neat and durable manner. We often find it necessary to labor constantly three, and sometimes five hours upon a single filling; and it rarely happens that we can accomplish the operation to our own satisfaction in less than one hour.

An individual, calling himself a dentist, visited us a short time since, and in speaking of this operation remarked, that he frequently put in fifty fillings a day, and it is no uncommon thing to hear dentists speak of filling from twenty-five to thirty teeth a day. Now, such practitioners must be either ignorant of the manner of performing the operation or dishonest, and in either case ought not to be entrusted with the treatment of the diseases of organs so valuable as the human teeth; yet these men are often liberally patronized, and simply for the reason that they propose to operate for low prices, and promise, in their advertisements, to make their operations superior to those of other dentists. But even among practitioners of a much higher grade, the operation in question is not performed with the care its importance demands, and our object in calling attention to it at this time, is to notice the error with regard to the length of time required to insert a good filling, into which many seem to have fallen. We may at another time take occasion to speak of the manner of preparing the cavity, introducing the gold, and finishing the surface of the filling.—*American Journal of Dental Science.*

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*New York Medical Society.*—A meeting of the County Medical Society of New York was held on Tuesday, October 13th, to consider the propriety of petitioning the Legislature to abolish all the laws relating to Medical Societies. Unusual pains were taken to get a full meeting of the Society, and an expression of deliberate opinion upon the novel and important proposition. At the hour of meeting a large number of members were assembled, Dr. Isaac Wood in the chair. The resolutions were introduced by Dr. A. Wright, who advocated them with great earnestness. The Society was afterwards addressed by Dr. Stearns (who gave some very interesting reminiscences of the doings of the County Medical Societies in other days, and of the good influence their establishment exerted upon the then condition of the profession), Drs. Manley, Sherwood, Childs, Beadle and others. The question was finally taken by yeas and nays, and the proposition negatived by a large majority. From this it appears that the profession are not prepared to abandon their present organization.—*The Annalist.*

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*A Case of Uncommon Acuteness of the Sense of Vision.*—There is living in this region a young man of 23 or 24 years of age, who is reported



as being able to see with his natural eye *animalculæ* in common well and spring water. This faculty was noticed when he was some 15 or 16 years of age, by persons for whom he was at work, in consequence of his refusing very often to drink water handed to him, in which nothing could be discovered by common eyes. I made some experiments with him, enough to be satisfied that his case was no hoax; and did intend to have made more, but lost sight of him, and suppose he has left the neighborhood. His complexion is fair, temperament sanguine, eyes blue, less than the common size, with very small pupils.—Dr. J. Dawson, in *Western Journal of Medicine and Surgery*.

*Comparison between deaths by Disease and in Battle.*—The French army destined for Egypt, from the time of its departure from France, to the end of the year 1804, lost as follows:—Killed in battle, 3,614; died from wounds, 854; killed by various accidents, 290; died from disease, 4,157. Total, 8,915.

In the French expedition to the Morea, among 17,000 men, during 7 months, from the 1st September, 1828, to 1st April, 1829, 840 men died by disease alone, which would give an annual proportion of 84.6 in 1000.

In the official documents of the British army, published by Inspector-General H. Marshall, the losses of the British army in Spain, for a period of 41 months, from January, 1811, to May, 1814, in a force of 61,511, were 24,930 deaths by disease, and 8,889 in battle; being for the former, 118.6 in 1000, and for the latter, 42.4. Soldiers absent from their corps on account of disease, 225 in the 1000, reducing the army to one fourth of its effective strength. "But as British officers are accustomed to lead on their men to warfare, the mortality in battle was of course considerable." Sixty-six officers were killed in every 1000, in battle, and 37 died by disease.

In the four battles of Talavera, Salamanca, Vittoria and Waterloo, there were 39 officers killed in each 1000; and of soldiers and non-commissioned officers, 31.1 in the same number. And in the British navy, from January, 1780, to April, 1783, the deaths from various diseases were, 3,230 men; killed in battle, 640; and died of wounds, 500. Thus showing, that in the navy, as well as in the army, deaths by disease greatly exceeded those by warfare.—*Dublin Quarterly Jour. of Med. Science*.

TO CORRESPONDENTS.—Dr. C. Hall's Essay on the Fevers of the Champlain valley has been received, and will have immediate attention.—Dr. R. K. Stone's paper on Artificial Pupil has also come to hand, and will be inserted immediately after the conclusion of the above, which will probably occupy parts of two Nos.

MARRIED.—At Manchester, Dr. Moses P. Greenleaf, of West Newton, to Miss Susan M. Allen, of Manchester.

DIED.—In Bladensburg, Maryland, Dr. Benj. Day, 49.—At Milton, Mass., Dr. S. W. Smedon, of Thomaston, Me.—At Chicago, Illinois, John H. Richards, M.D., of Dedham, Mass., 42.

*Report of Deaths in Boston*—for the week ending Nov. 7, 66.—Males, 33—females, 33.—Stillborn, 3. Of consumption, 15—typhus fever, 6—rheumatic fever, 1—lung fever, 1—scarlet fever, 1—brain fever, 2—disease of the heart, 1—croup, 2—disease of the lungs, 2—old age, 1—diarrhoea, 1—disease of the bowels, 1—inflammation of the lungs, 2—teething, 3—pleurisy, 1—intemperance, 1—scalds, 2—marasmus, 3—drowned, 2—dropsy on the brain, 4—erysipelas, 1—dropsy, 2—dropsy in the chest, 1—convulsions, 1—canker, 1—infantile, 3—tumor, 1—disease of the spine, 1—apoplexy, 1—cholera morbus, 1—debility, 1.

Under 5 years, 23—between 5 and 20 years, 5—between 20 and 40 years, 23—between 40 and 60 years, 11—over 60 years, 4.

*On a Simple Method of Protecting from Lightning, Buildings with Metallic Roofs.* By Prof. HENRY (from Proceedings of American Phil. Soc., June 20, 1845).—On the principle of electrical induction, houses thus covered are evidently more liable to be struck than those furnished either with shingle or tile. Fortunately, however, they admit of very simple means of perfect protection. It is evident, from well established principles of electrical action, that if the outside of a house were encased entirely in a coating of metal, the most violent discharge which might fall upon it from the clouds would pass silently to the earth without damaging the house, or endangering the inmates. It is also evident, that if the house be merely covered with a roof metal, without projecting chimneys, and this roof were put in metallic connection with the ground, the building would be perfectly protected. To make a protection, therefore, of this kind, the professor advises that the metallic roof be placed in connection with the ground by means of the tin or copper gutters which serve to lead the water from the roof to the earth. For this purpose, it is sufficient to solder to the lower end of the gutter a riband of sheet copper, two or three inches wide, surrounding it with charcoal, and continuing it out from the house until it terminates in moist ground. The upper ends of these gutters are generally soldered to the roof; but if they are not in metallic connection, the two should be joined by a slip of sheet copper. The only part of the house unprotected by this arrangement will be the chimneys; and in order to secure these, it will only be necessary to erect a short rod against the chimney, soldered at its lower end to the metal of the roof, and extending fifteen or twenty inches above the top of the flue.

Considerable discussion in late years has taken place in reference to the transmission of electricity along a conductor; whether it passes through the whole capacity of the rod, or is principally confined to the surface. From a series of experiments presented to the American Philosophical Society, by Professor Henry, on this subject, it appears that the electrical discharge passes, or tends to pass, principally at the surface; and as an ordinary sized house is commonly furnished with from two to four perpendicular gutters (generally two in front and two in the rear), the surface of these will be sufficient to conduct, silently, the most violent discharge which may fall from the clouds.—*American Journal of Science and Arts.*

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*Vitiated Air in Apartments.* (L'Institut, No. 654, July 15, 1846, p. 240.)—M. Lassaigne has shown by a series of investigations, that contrary to a common opinion, the air in a room which has served for respiration without being renewed, contains carbonic acid alike in every part, above as well as below; the difference in proportion is but slight, and where appreciable, there is some reason to believe that the carbonic acid is in greater quantity in the upper parts of the room. These experiments establish the very important fact that all the air of a room must be changed in order to restore its purity. The plans sometimes resorted to, to draw off the air in the lower part of the room, or change this portion only by circulation, are wholly ineffectual as a means of ventilation.—*Ibid.*

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INSENSIBILITY DURING SURGICAL OPERATIONS PRODUCED BY  
INHALATION.

Read before the Boston Society of Medical Improvement, Nov. 9th, 1846, an abstract having been previously read before the American Academy of Arts and Sciences, Nov. 3d, 1846.

By Henry Jacob Bigelow, M.D., one of the Surgeons of the Massachusetts General Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

It has long been an important problem in medical science to devise some method of mitigating the pain of surgical operations. An efficient agent for this purpose has at length been discovered. A patient has been rendered completely insensible during an amputation of the thigh, regaining consciousness after a short interval. Other severe operations have been performed without the knowledge of the patients. So remarkable an occurrence will, it is believed, render the following details relating to the history and character of the process, not uninteresting.

On the 16th of Oct., 1846, an operation was performed at the hospital, upon a patient who had inhaled a preparation administered by Dr. Morton, a dentist of this city, with the alleged intention of producing insensibility to pain. Dr. Morton was understood to have extracted teeth under similar circumstances, without the knowledge of the patient. The present operation was performed by Dr. Warren, and though comparatively slight, involved an incision near the lower jaw of some inches in extent. During the operation the patient muttered, as in a semi-conscious state, and afterwards stated that the pain was considerable, though mitigated; in his own words, as though the skin had been scratched with a hoe. There was, probably, in this instance, some defect in the process of inhalation, for on the following day the vapor was administered to another patient with complete success. A fatty tumor of considerable size was removed, by Dr. Hayward, from the arm of a woman near the deltoid muscle. The operation lasted four or five minutes, during which time the patient betrayed occasional marks of uneasiness; but upon subsequently regaining her consciousness, professed not only to have felt no pain, but to have been insensible to surrounding objects, to have known nothing of the operation, being only uneasy about a child left at home. No doubt, I think, existed, in the minds of those who saw this operation, that the unconsciousness was real; nor could the imagination be accused of any share in the production of these remarkable phenomena.

I subsequently undertook a number of experiments, with the view of ascertaining the nature of this new agent, and shall briefly state them,



and also give some notice of the previous knowledge which existed of the use of the substances I employed.

The first experiment was with sulphuric ether, the odor of which was readily recognized in the preparation employed by Dr. Morton. Ether inhaled in vapor is well known to produce symptoms similar to those produced by the nitrous oxide. In my own former experience the exhilaration has been quite as great, though perhaps less pleasurable, than that of this gas, or of the Egyptian *haschish*.\* It seemed probable that the ether might be so long inhaled as to produce excessive inebriation and insensibility; but in several experiments the exhilaration was so considerable that the subject became uncontrollable, and refused to inspire through the apparatus. Experiments were next made with the oil of wine (ethereal oil). This is well known to be an ingredient in the preparation known as Hoffman's anodyne, which also contains alcohol, and this was accordingly employed. Its effects upon the three or four subjects who tried it, were singularly opposite to those of the ether alone. The patient was tranquillized, and generally lost all inclination to speak or move. Sensation was partially paralyzed, though it was remarkable that consciousness was always clear, the patient desiring to be pricked or pinched, with a view to ascertain how far sensibility was lost. A much larger proportion of oil of wine, and also chloric ether, with and without alcohol, were tried, with no better effect.

It may be interesting to know how far medical inhalation has been previously employed. Medicated inhalation has been often directed to the amelioration of various pulmonary affections, with indifferent success. Instruments called *Inhalers* were employed long ago by Mudge, Gairdner and Darwin, and the apparatus fitted up by Dr. Beddoes and Mr. James Watt, for respiring various gases, has given birth to some octavo volumes. More recently Sir Charles Scudamore has advocated the inhalation of iodine and conium in phthisis, and the vapor of tar has been often inhaled in the same disease. The effects of stramonium, thus administered, have been noticed by Sigmond.

*The inhalation of the ethers* has been recommended in various maladies, among which may be mentioned phthisis and asthma. "On sait que la respiration de l'ether sulfurique calme souvent les accidents nerveux de certains croups," is from the Dict. des Sc. Med.; but I find that mention of the inhalation of this agent is usually coupled with a caution against its abuse, grounded apparently upon two or three cases, quoted and requested. Of these the first is from Brande's Journal of Science, where it is thus reported: "By imprudent respiration of sulphuric ether, a gentleman was thrown into a very lethargic state which continued from one to three hours, with occasional intermissions and great depression of spirits—the pulse being for many days so low that considerable fears were entertained for his life." Christison quotes the following from the Midland Med. and Surg. Journal, to prove that *nitric* ether in vapor is a dangerous poison when too freely and too long inhaled: "A druggist's maid servant was

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\* Extract of Indian hemp.

found one morning dead in bed, and death had evidently arisen from the air of her apartment having been accidentally loaded with vapor of nitric ether, from the breaking of a three gallon jar of the *Spiritus Æth. Nitric.* She was found lying on her side, with her arms folded across her chest, the countenance and posture composed, and the whole appearance like a person in a deep sleep. The stomach was red internally, and the lungs were gorged." The editor of the journal where this case is related, says he is acquainted with a similar instance, where a young man was found completely insensible from breathing air loaded with *sulphuric ether*; remained apoplectic for some hours, and would undoubtedly have perished had he not been discovered and removed in time. Ether is now very commonly administered *internally* as a diffusible stimulant and antispasmodic, in a dose of one or two drachms. But here also we have the evidence of a few experiments that ether is capable of producing grave results under certain circumstances. Orfila killed a dog by confining a small quantity in the stomach by means of a ligature around the *œsophagus*. Jager found that  $\frac{3}{4}$  ss. acted as a fatal poison to a crane. It was for a long time supposed to be injurious to the animal economy. The old Edinburgh Dispensatory, republished here in 1816, explicitly states that it is to be inhaled by holding in the mouth a piece of sugar, containing a few drops, and also that regular practitioners give only a few drops for a dose; "though," it adds, "empirics have sometimes ventured upon much larger quantities, and with incredible benefit." p. 566. Nevertheless, it was known to have been taken in correspondingly large doses with impunity. The chemist Bucquet, who died of scirrhus of the colon, with inflammation of the stomach and intestines, took before his death a pint of ether daily, to alleviate his excruciating pains (he also took 100 gr. opium daily);—and Christison mentions an old gentleman who consumed for many years  $\frac{3}{4}$  xvi. every eight or ten days. Such facts probably led Merat and De Lens, in their *Matiere Medicale*, to question its grave effects when swallowed. Mentioning the case of Bucquet, they say, even of its inhalation, that it produces only "un sentiment de fraîcheur que suit bientôt une légère excitation."

This variety of evidence tends to show that the knowledge of its effects, especially those of its inhalation, was of uncertain character. Anthony Todd Thomson well sums up what I conceive to have been the state of knowledge at the time upon this subject, in his *London Dispensatory* of 1818. "As an antispasmodic, it relieves the paroxysm of spasmodic asthma, whether it be taken into the stomach, or its vapor only be inhaled into the lungs. Much caution, however, is required in inhaling the vapor of ether, as the imprudent inspiration of it has produced lethargic and apoplectic symptoms." In his *Materia Medica and Therapeutics*, of 1832, however, omitting all mention of inhalation, he uses the following words: "Like other diffusible excitants, its effects are rapidly propagated over the system, and soon dissipated. From its volatile nature its exciting influence is probably augmented; as it produces distension of the stomach and bowels, and is thus applied to every portion of their sensitive surface. It is also probable that it is absorbed in its state of vapor, and is therefore

directly applied to the nervous centres. It is the diffusible nature of the stimulus of ether which renders it so well adapted for causing sudden excitement, and producing immediate results. Its effects, however, so soon disappear, that the dose requires to be frequently repeated."

Nothing is here said of inhalation, and we may fairly infer that the process had so fallen into disrepute, or was deemed to be attended with such danger, as to render a notice of it superfluous in a work treating, in 1832, of therapeutics.

It remains briefly to describe the process of inhalation by the new method, and to state some of its effects. A small two-necked glass globe contains the prepared vapor, together with sponges to enlarge the evaporating surface. One aperture admits the air to the interior of the globe, whence, charged with vapor, it is drawn through the second into the lungs. The inspired air thus passes through the bottle, but the expiration is diverted by a valve in the mouth piece, and escaping into the apartment is thus prevented from vitiating the medicated vapor. A few of the operations in dentistry, in which the preparation has as yet been chiefly applied, have come under my observation. The remarks of the patients will convey an idea of their sensations.

A boy of 16, of medium stature and strength, was seated in the chair. The first few inhalations occasioned a quick cough, which afterwards subsided; at the end of eight minutes the head fell back, and the arms dropped, but owing to some resistance in opening the mouth, the tooth could not be reached before he awoke. He again inhaled for two minutes, and slept three minutes, during which time the tooth, an inferior molar, was extracted. At the moment of extraction the features assumed an expression of pain, and the hand was raised. Upon coming to himself he said he had had a "first rate dream—very quiet," he said, "and had dreamed of Napoleon—had not the slightest consciousness of pain—the time had seemed long;" and he left the chair, feeling no uneasiness of any kind, and evidently in a high state of admiration. The pupils were dilated during the state of unconsciousness, and the pulse rose from 130 to 142.

A girl of 16 immediately occupied the chair. After coughing a little, she inhaled during three minutes, and fell asleep, when a molar tooth was extracted, after which she continued to slumber tranquilly during three minutes more. At the moment when force was applied she flinched and frowned, raising her hand to her mouth, but said she had been dreaming a pleasant dream and knew nothing of the operation.

A stout boy of 12, at the first inspiration coughed considerably, and required a good deal of encouragement to induce him to go on. At the end of three minutes from the first fair inhalation, the muscles were relaxed and the pupil dilated. During the attempt to force open the mouth he recovered his consciousness, and again inhaled during two minutes, and in the ensuing one minute two teeth were extracted, the patient seeming somewhat conscious, but upon actually awaking he declared "it was the best fun he ever saw," avowed his intention to come there again, and insisted upon having another tooth extracted upon the spot. A splinter



which had been left, afforded an opportunity of complying with his wish, but the pain proved to be considerable. Pulse at first 110, during sleep 96, afterwards 144; pupils dilated.

The next patient was a healthy-looking, middle-aged woman, who inhaled the vapor for four minutes; in the course of the next two minutes a back tooth was extracted, and the patient continued smiling in her sleep for three minutes more. Pulse 120, not affected at the moment of the operation, but smaller during sleep. Upon coming to herself, she exclaimed that "it was beautiful—she dreamed of being at home—it seemed as if she had been gone a month." These cases, which occurred successively in about an hour, at the room of Dr. Morton, are fair examples of the average results produced by the inhalation of the vapor, and will convey an idea of the feelings and expressions of many of the patients subjected to the process. Dr. Morton states that in upwards of two hundred patients, similar effects have been produced. The inhalation, after the first irritation has subsided, is easy, and produces a complete unconsciousness at the expiration of a period varying from two to five or six, sometimes eight minutes; its duration varying from two to five minutes; during which the patient is completely insensible to the ordinary tests of pain. The pupils in the cases I have observed have been generally dilated; but with allowance for excitement and other disturbing influences, the pulse is not affected, at least in frequency; the patient remains in a calm and tranquil slumber, and wakes with a pleasurable feeling. The manifestation of consciousness or resistance I at first attributed to the reflex function, but I have since had cause to modify this view.

It is natural to inquire whether no accidents have attended the employment of a method so wide in its application, and so striking in its results. I have been unable to learn that any serious consequences have ensued. One or two robust patients have failed to be affected. I may mention as an early and unsuccessful case, its administration in an operation performed by Dr. Hayward, where an elderly woman was made to inhale the vapor for at least half an hour without effect. Though I was unable at the time to detect any imperfection in the process, I am inclined to believe that such existed. One woman became much excited, and required to be confined to the chair. As this occurred to the same patient twice, and in no other case as far as I have been able to learn, it was evidently owing to a peculiar susceptibility. Very young subjects are affected with nausea and vomiting, and for this reason Dr. M. has refused to administer it to children. Finally, in a few cases, the patient has continued to sleep tranquilly for eight or ten minutes, and once, after a protracted inhalation, for the period of an hour.

The following case, which occurred a few days since, will illustrate the probable character of future accidents. A young man was made to inhale the vapor, while an operation of limited extent, but somewhat protracted duration, was performed by Dr. Dix upon the tissues near the eye. After a good deal of coughing the patient succeeded in inhaling the vapor, and fell asleep at the end of about ten minutes. During the succeeding two minutes the first incision was made, and the patient awoke, but uncon-

scious of pain. Desiring to be again inebriated, the tube was placed in his mouth and retained there about twenty-five minutes, the patient being apparently half affected, but, as he subsequently stated, unconscious. Respiration was performed partly through the tube and partly with the mouth open. Thirty-five minutes had now elapsed, when I found the pulse suddenly diminishing in force, so much so, that I suggested the propriety of desisting. The pulse continued decreasing in force, and from 120 had fallen to 96. The respiration was very slow, the hands cold, and the patient insensible. Attention was now of course directed to the return of respiration and circulation. Cold affusions, as directed for poisoning with alcohol, were applied to the head, the ears were syringed, and ammonia presented to the nostrils and administered internally. For fifteen minutes the symptoms remained stationary, when it was proposed to use active exercise, as in a case of narcotism from opium. Being lifted to his feet, the patient soon made an effort to move his limbs, and the pulse became more full, but again decreased in the sitting posture, and it was only after being compelled to walk during half an hour that the patient was able to lift his head. Complete consciousness returned only at the expiration of an hour. In this case the blood was flowing from the head, and rendered additional loss of blood unnecessary. Indeed the probable hemorrhage was previously relied on as salutary in its tendency.

Two recent cases serve to confirm, and one I think to decide, the great utility of this process. On Saturday, the 7th Nov., at the Mass. General Hospital, the right leg of a young girl was amputated above the knee, by Dr. Hayward, for disease of this joint. Being made to inhale the preparation, after protesting her inability to do so from the pungency of the vapor, she became insensible in about five minutes. The last circumstance she was able to recall was the adjustment of the mouth piece of the apparatus, after which she was unconscious until she heard some remark at the time of securing the vessels—one of the last steps of the operation. Of the incision she knew nothing, and was unable to say, upon my asking her, whether or not the limb had been removed. She refused to answer several questions during the operation, and was evidently completely insensible to pain or other external influences. This operation was followed by another, consisting of the removal of a part of the lower jaw, by Dr. Warren. The patient was insensible to the pain of the first incision, though she recovered her consciousness in the course of a few minutes.

The character of the lethargic state, which follows this inhalation, is peculiar. The patient loses his individuality and awakes after a certain period, either entirely unconscious of what has taken place, or retaining only a faint recollection of it. Severe pain is sometimes remembered as being of a dull character; sometimes the operation is supposed by the patient to be performed upon somebody else. Certain patients, whose teeth have been extracted, remember the application of the extracting instruments; yet none have been conscious of any real pain.

As before remarked, the phenomena of the lethargic state are not such as to lead the observer to infer this insensibility. Almost all patients under the dentist's hands scowl or frown; some raise the hand. The

patient whose leg was amputated, uttered a cry when the sciatic nerve was divided. Many patients open the mouth, or raise themselves in the chair, upon being directed to do so. Others manifest the activity of certain intellectual faculties. An Irishman objected to the pain, that he had been promised an exemption from it. A young man taking his seat in the chair and inhaling a short time, rejected the globe, and taking from his pockets a pencil and card wrote and added figures. Dr. M. supposing him to be affected, asked if he would now submit to the operation, to which the young man willingly assented. A tooth was accordingly extracted, and the patient soon after recovered his senses. In none of these cases had the patients any knowledge of what had been done during their sleep.

I am, as yet, unable to generalize certain other symptoms to which I have directed attention.\* The pulse has been, as far as my observation extends, unaltered in frequency, though somewhat diminished in volume, but the excitement preceding an operation, has, in almost every instance, so accelerated the pulse that it has continued rapid for a length of time. The pupils are in a majority of cases dilated; yet they are in certain cases unaltered, as in the above case of amputation.

The duration of the insensibility is another important element in the process. When the apparatus is withdrawn at the moment of unconsciousness, it continues, upon the average, two or three minutes, and the patient then recovers completely or incompletely, without subsequent ill effects. In this sudden cessation of the symptoms, this vapor in the air tubes differs in its effects from the narcotics or stimulants in the stomach, and, as far as the evidence of a few experiments of Dr. Morton goes, from the ethereal solution of opium when breathed. Lassitude, headache and other symptoms lasted for several hours, when this agent was employed.

But if the respiration of the vapor be prolonged much beyond the first period, the symptoms are more permanent in their character. In one of the first cases, that of a young boy, the inhalation was continued during the greater part of ten minutes, and the subsequent narcotism and drowsiness lasted more than an hour. In a case alluded to before, the narcotism was complete during more than twenty minutes, the insensibility approached to coma.

Such cases resemble those before quoted from Christison and other authors, and show that the cessation of the inhalation, after it has been prolonged for a length of time, does not produce a corresponding cessation of the symptoms; while, if the inhalation is brief, the insensibility ceases in a short time. Recovery, in the latter case, is not improbably due to the complete and rapid elimination of the vapor from the lungs; the more gradual return of consciousness, in the former case, to the presence of a larger quantity of unexhaled particles. A fact mentioned by Christison bears upon this point. This author states that insensibility from the presence of a large quantity of alcohol in the stomach,

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\* Since the above was written, I find this irregularity of symptoms mentioned in the case of poisoning by alcohol. Dr. Ogston, according to Christison, has in vain attempted to group together and to classify the states of respiration, pulse, and pupil.



often gives place to a complete and sudden return of consciousness, when the alcohol is removed by the stomach pump. It is probable that the vapor of the new preparation ceases early to act upon the system, from the facility with which it is exhaled.

The process is obviously adapted to operations which are brief in their duration, whatever be their severity. Of these, the two most striking are, perhaps, amputations and the extraction of teeth. In protracted dissections, the pain of the first incision alone is of sufficient importance to induce its use; and it may hereafter prove safe to administer it for a length of time, and to produce a narcotism of an hour's duration. It is not unlikely to be applicable in cases requiring a suspension of muscular action; such as the reduction of dislocations or of strangulated hernia: and finally it may be employed in the alleviation of functional pain, of muscular spasm, as in cramp and colic, and as a sedative or narcotic.

The application of the process to the performance of surgical operations, is, it will be conceded, new. If it can be shown to have been occasionally resorted to before, it was only an ignorance of its universal application and immense practical utility that prevented such isolated facts from being generalized.

It is natural to inquire with whom this invention originated. Without entering into details, I learn that the patent bears the name of Dr. Charles T. Jackson, a distinguished chemist, and of Dr. Morton, a skilful dentist, of this city, as inventors—and has been issued to the latter gentleman as proprietor.

It has been considered desirable by the interested parties that the character of the agent employed by them, should not be at this time announced; but it may be stated that it has been made known to those gentlemen who have had occasion to avail themselves of it.

I will add, in conclusion, a few remarks upon the actual position of this invention as regards the public.

No one will deny that he who benefits the world should receive from it an equivalent. The only question is, of what nature shall the equivalent be? Shall it be voluntarily ceded by the world, or levied upon it? For various reasons, discoveries in high science have been usually rewarded indirectly by fame, honor, position, and occasionally, in other countries, by funds appropriated for the purpose. Discoveries in medical science, whose domain approaches so nearly that of philanthropy, have been generally ranked with them; and many will assent with reluctance to the propriety of restricting by letters patent the use of an agent capable of mitigating human suffering. There are various reasons, however, which apologize for the arrangement which I understand to have been made with regard to the application of the new agent.

1st. It is capable of abuse, and can readily be applied to nefarious ends.

2nd. Its action is not yet thoroughly understood, and its use should be restricted to responsible persons.

3d. One of its greatest fields is the mechanical art of dentistry, many of whose processes are by convention, secret, or protected by patent

rights. It is especially with reference to this art, that the patent has been secured. We understand, already, that the proprietor has ceded its use to the Mass. General Hospital, and that his intentions are extremely liberal with regard to the medical profession generally, and that so soon as necessary arrangements can be made for publicity of the process, great facilities will be offered to those who are disposed to avail themselves of what now promises to be one of the important discoveries of the age.

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THE FEVERS OF THE CHAMPLAIN VALLEY.

*An Essay read before the Vermont Medical Society, at their Annual Meeting, Montpelier, October 14th, 1846.*

By Charles Hall, M.D., Burlington, Vt.

[Voted, by the Society, that the Editor of the Boston Medical and Surgical Journal be requested to publish the same.]

It being generally admitted that the fevers in the vicinity of marshy lowlands and stagnant waters, differ from those contiguous to bold shores and rapid currents—that both grades differ from the fevers of hilly regions and mountain ridges, and that the surrounding influences of each of these localities tend to vary the character of the disorder, the fevers of each are subjects of special inquiry and investigation. I have therefore selected, for my present theme, *The Fevers of the Champlain Valley*—fevers of my own vicinity.

“That marshy lands, in which an extensive surface of wet soil is exposed to the action of the sun, are notoriously unhealthy,” is evinced only by their fevers possessing more largely the peculiar characteristics of situation, than those of other localities. I will therefore inquire into the unseen agency that engenders these peculiar traits of character—a subject exceedingly difficult of solution, and consequently one of much speculation.

It is contended, on the one hand, that the continued moisture suspended in the atmosphere over swamps and marshes, hedged in as they generally are with a dense growth of underwood, consequently not being influenced much by the action of the winds, predisposes to intermittent and remittent fevers; partly by its occupying the space of a portion of the air of respiration, in place thereof bathing the air cells of the lungs with an unnatural share of humidity, thereby precluding oxygen gas in like proportion—and partly by its contiguity to the skin, intercepting insensible perspiration and the due radiation of animal heat from this organ. This is inferred from the fact that the kind and degree of fevers have abated in proportion as the forests have been removed, giving freer scope to the currents of the atmosphere. On the other hand, it is urged that though the “dew point” be swept away by the ingress of the winds, the peculiarities of the fever have nevertheless continued. Hence it is inferred that some kind of impalpable poison, emanating from the earth by the action of the sun, termed *malaria* or *miasmata*, is the predisposing cause of such peculiarities.

I will not attempt to discuss this difficult question, nor presume to define precisely the nature of the miasmatic influence, inasmuch as abler pens have failed. It is sufficient for my purpose that the effect is produced, and that fever is the result. I arrive at my conclusions, therefore, in the present inquiry, not strictly from cause to effect; but inversely, by deducing causes from their effects—judging of the etiology of fever by its outward development, of its phenomena by its diagnosis.

It being a provision of the animal economy, that in almost all the aberrations from the healthy standard, there is a certain state of disordered action, in the effort to restore the equilibrium of circulation, which is styled fever—my present object will be to deduce the cause of such disordered action, from the simple fact of its being present. This originating, as it does, from a variety of surrounding influences, meets with a variety of generic phrases corresponding with these influences. These terms seem to have reference not only to the supposed exciting causes, but to the tissues on which it is supposed they primarily act. But notwithstanding the surrounding circumstances modifying the character and location of the disease, there are certain characteristics that attend fever in all its phases. In its onset there are chills, pains in the spine and extremities, and depression of the system generally, as premonitory of its approach. These premonitory symptoms, whether they originate in the respiratory organs, the organs of assimilation, the capillary vessels, or nervous system, are somewhat the same, and if there be inherent forces sufficient, must necessarily result in *re-action*, another word for *fever*.

These prefatory remarks lead to the main question—What are the peculiarities belonging to the *Fevers of the Champlain Valley*? The answer premises a historical sketch of these *fevers*, for a series of years, as contrasted with those of other regions.

In the years 1810 and 1811, this section of the country was rife with fevers—most of which were denominated typhus, though attended with great vascular action, unlike typhus as I had known it a year or two before in the Connecticut river valley; yet it had many symptoms in common, run about as long (from two to six weeks), was ushered in with apparent nervous exhaustion, and was accompanied by more or less coma and delirium. Contrasted with these typhoid indications, were the hard and accelerated pulse, and other manifestations of congestion and inflammation. The *petechial fever* prevailing on the eastern side of the mountains and in the other New England States, and to some extent here, the character of the present fever was considered more or less allied with that *affection*. Still, judging by its comparative prevalence elsewhere, the *spotted fever* could hardly be viewed as congenial with this *valley*, there being nothing of it on the New York borders. Since that period, I have seen but little of the spotted or typhus fevers among us.

In the winter of 1812–13, the devastating *epidemic, typhoid pneumonia*, made its first appearance. This fatal fever seemed to take its rise in the United States army stationed in the Champlain valley; thence spreading among the inhabitants in the vicinity, and eventually carried by the sick and predisposed soldiers, returning to their homes, to the more distant



parts of the country. At this period the writer of this article was stationed at Swanton Falls, and for a time had charge of the army hospital situated there. This affection, having been preceded by what were called the typhus and spotted fevers, was by some considered a kind of complication of these disorders, although in most cases the leading feature in the complaint was decided pleuritic inflammation; and the treatment was, at first, such as had been successfully administered in the petechial fever. Tonics, opiates and steam-vapor baths were unhesitatingly resorted to. The latter agency seldom failed of affording immediate relief; but this was transitory; and the remedy was so exhausting in its effects, that in the event of the pain in the side and dyspnœa returning, which generally happened, depleting remedies after this could not be borne, and the disease almost invariably run its fatal course, despite all therapeutic agencies. Although there were instances where no marked symptoms of acute inflammation were manifested, either by the diagnosis or *post-mortem* examination, yet far the greater number gave signs of unequivocal inflammation of the lungs and their appendages; and these were confirmed by the autopsies. Still many worthy practitioners adhered to their original ideas regarding typhus and spotted fevers, and fain would have it that the affection partook of the typhus character—whence the term *typhoid* came into use. Without wishing to detract aught from the opinions of others, the writer hesitates not to declare, that in all the cases which he witnessed, there were either the diagnostic evidences of acute inflammation of the lungs and their connecting membranes, or engorgement of the pulmonary organs. The autopsies exhibited either destruction of tissue by ulceration, embracing one or both lungs, pleura, mediastinum, and sometimes the pericardium—or the pulmonary vessels were found completely congested with blood and lymph, and the air vesicles infiltrated with the same.

This destructive course admitted not of delay—its progress was sure and rapid, frequently terminating in a few hours, unless speedily arrested; bloodletting, epispastics, tart. ant., calomel and moderate diaphoretics, constituting the only effective remedial means.

This *fever*, not unlike other sudden and alarming complaints, after three or four months assumed a more favorable aspect; the therapeutics most available at first, appearing now to have the entire mastery of the disorder, when seasonably administered.

In the treatment of this fever, there was not less diversity of opinion, than in its diagnosis. The qualifying epithet, *typhoid*, being appended to a disease of an inflammatory type, was liable to produce indecision, if not to lead to wrong practice. It being vague in its application to a *fever* presupposed of mixed character, partly typhus and partly remittent, whose leading feature denoted congestion, if not inflammation, suggested a corresponding adaptation of remedial means, answering neither to the indications of the one or the other species of fever. There is no species of fever that does not, at times, exhibit the *typhoid symptoms* alluded to; even that arising from the highest grade of inflammation may, during its remission, present this appearance. The term seems to be illy

adapted to any kind of fever, unless it be typhus itself. To use the words of Dr. McCulloch, "it confounds language and distracts the judgment." If it be indeed assimilated to typhus, as the name implies, a corresponding treatment is indicated; but if the effects of this treatment contra-indicate the remedies made use of, the presumption is strong that the fever has been wrongly named. The writer has seen the practical error of thus prescribing for a name, in the bias given to the judgment by popular phraseology. In popular estimation a single symptom favoring typhus may give to the disorder this leading characteristic, when, in truth, it is but an incidental circumstance—the true type of the fever being diametrically opposite. To illustrate—we are called to a patient of plethoric habit and sanguine temperament. At first view there is apparently nervous exhaustion, there being oppression of the stomach, short and labored breathing, lowness of pulse, preternatural heat over the epigastrium, while the feet and hands incline to be cold, the head is somewhat painful and lethargic, and a painful prostration seems to pervade the whole system. Although, in the sequel, this turns out to be general congestion, ushering in the inflammatory diathesis, yet from the depression, chills, and transient pains, which attend the commencement of all fevers, it would be an easy matter for popular influence to impress the mind of the physician in favor of typhus, provided the disease is reputed as existing in the vicinity. Contra-indications being present, the fever is finally modified in its appellation, by the qualifying term *typhoid*; and the treatment prescribed accordingly. A brief course, however, in the entonic management, reveals to the practitioner the error of diagnosis. The oppressed state of the vital organs soon becoming converted into painful re-action, the respiration is more impeded, the abdomen becoming tympanitic, the region of the liver tender and swollen, and nature, ever provident in great emergencies, frequently brings relief by spontaneous hemorrhage from the nose, lungs or bowels, manifesting not only the surcharge of blood in the vessels, but indicating the principal remedy. But if this does not effectually relieve the parts implicated, the vital organs being still oppressed, respiration soon becomes more imperfect, the abdomen more enlarged; the blood sent to the head, not being suitably oxydized, is rendered more venous, consequently coma and delirium ensue.

The above delineation of symptoms has characterized the fevers of the Champlain valley, with few exceptions, from the time of the last war to the present moment, and the generic phrase, typhoid, is still applied. Does such a state of the bloodvessels denote anæmia and nervous exhaustion? Does it not rather indicate hyperæmia, and a "*supertonic*" state of the capillary vessels? If so, can it strictly be allied with typhus? It is allowed that such a state may follow the result of nervous exhaustion; but that depression arising from oppression of the vital organs is not the same as that resulting from idiopathic nervous exhaustion. In respect to the term *typhoid*, the writer feels himself sustained by the testimony of Dr. Samuel Jackson, of Philadelphia, in an article published in the "*American Journal of the Med. Sciences*," for 1845. He considers

typhus and typhoid one and the same affection ; and from the circumstance of remittent and typhus springing from different sources, they cannot be allied with each other. "That remittent fever is sometimes attended with typhoid symptoms, taking the adjective in its etymological sense, there can be no doubt ;" but its miasmatic source and alliance with intermittent fever preclude the assumption of its typhous nature. He esteems the mere use of the term "as a dangerous error," and "perilous in practice."

Remittent fever, then, being allied with intermittent, a native of low-lands and standing waters, and being a modified form of that affection, its prototype having mainly subsided, it may be safely concluded that this, at present, is the prevailing fever of the Champlain valley, modified by circumstances ; and that typhus, in its real character, having seldom been known on these shores as in other regions, has no abiding place here. Remittent fever occurs mostly in warm weather, whereas typhus is more known in the cold season ; the former arising from miasmatic influence, the latter from the effluvia of the sick or clothes impregnated with their foul perspiration. Typhus, moreover, is more confined to the meridian of life, seldom attacking old people or young children ; whilst remittent fever has no respect to age, attacking all ages alike.

The lake towns, not unlike other localities, are under the same exciting influence from change of temperature and vicissitudes of season, as higher regions—and perhaps greater, by reason of the greater predisposition from miasmatic causes, the system not being as well guarded against these encroachments as in a more salubrious atmosphere. Be this as it may, the fevers in this section, compared with those elsewhere, have been uncommonly congestive and inflammatory. So far as the writer's observations for the last thirty-six years can be relied upon, this appears to be sustained by facts. And it is undoubtedly true, that a greater share of pulmonary disorders, hepatic obstructions and hydropic effusions, has fallen to these shores than to the valley of the Connecticut or to the mountain ridges.

Having given this brief account of the fevers, and their consecutive results, incident to the Champlain valley, the next effort will be to illustrate the predisposing agency, as well as the pathology, attending these fevers.

It being already alleged that these affections have special reference to derangement of the lungs and liver—organs on the purity of whose functions all organism seems to depend, my attempt will be to show that such condition is the result of imperfect sanguification. This process being defective, the arterialization of the blood is of course defective, and consequently all the functions of secretion are more or less imperfect, giving rise to organic obstructions and dropsical effusions. It is well known that goitre, rheumatism, and tubercular depositions, are somewhat peculiar to sunken lands and fenny districts ; and the greater prevalence of these secondary complaints in the Champlain valley, tends to confirm this truth. The sickly aspect of many of our inhabitants, the glandular enlargements of the neck, the oppression of the vital organs, costive habit,



neuralgic pains, disturbed state of the hypochondriac and pulmonary regions (especially of our females), suppressed urination and perhaps menstruation, are so many outward evidences that the primary offices of life are impaired. These manifestations indicate not only a depraved state of the mucous membranes, an interrupted state of the portal system, enlargement and tuberculated condition of the liver and other glands, but are mainly diagnostic of an impeded respiratory function. Our autopsies seem to corroborate these premises. There is sometimes found nearly the whole parenchyma of the lungs rigidly interspersed with tubercles, or hepatized and rendered impervious to air—the pericardium, and perhaps one or both cavities of the chest, containing serous effusion. The liver, twice or three times its natural size and weight, in a granulated state, or containing a solid category of tubercles, and imbedded in serum. The stomach, spleen, pancreas, mesenteric glands, kidneys and sexual organs, each in their turn, it would seem, morbidly enlarged and ulcerated, having been sources of protracted disease and painful suffering, until at length vitality itself became extinct.

[To be continued.]

## THE PAST AND THE PRESENT.

[Communicated for the Boston Medical and Surgical Journal.]

THE past and the present are exhibited in contrast in no department so strikingly, as in the character and claims of physicians. The time is not very remote when it was regarded by the profession and the public an indispensable prerequisite to any rank as reputable practitioners, that every medical man should prove himself to be both a scholar and a gentleman. In those days, scholarship was demanded, because the absence of thorough education, both literary and professional, was viewed as a positive disqualification for the high and responsible duties of physicians; and gentility and good breeding, including a nice sense of honor and morality, constituting the well-bred gentleman, were looked upon as necessary to entitle any man to the delicate and confidential relations to the family circle, to which medical men are called in the performance of their varied functions.

The result of this just estimate and worthy appreciation of our profession, by the judicious and discerning, was very naturally the production of a race and grade of physicians who commanded the public confidence by deserving it. Courteous and respectful to each other, animated by an *esprit de corps* which prompted to mutual efforts for improving each other in the discrimination of disease and the application of remedies, there were among these honorable equals no exclusive pretensions to invidious monopolies of specialities—no pretence of specifics or secret remedies by any of this class of physicians. They were alike members and cultivators of a *liberal* profession, and whatever new light shone on the path of either was shared by his compeers; whatever improvement dawned upon one, was forthwith subjected to the scrutiny of

all, and promulgated for the public benefit and the advancement of science. Then, among such a fraternity, the forfeiture of caste, and even of recognition, was the penalty of sacrificing principle to avaricious motives, by any of the tricks, artifices, or chicanery, which the fraternity and the public had been taught to loathe as characteristic of quackery.

But let it not be supposed that in these palmy days of the profession there were no quacks, arrogating the title of doctors, and aspiring to the office of physicians. Then, as now, they maintained a numerical superiority; and the variety of their theories, when they had any, and the contrariety of their systems, as they severally designated their modes of practice, have not since been exceeded. But they were alike characterized and united by the common bond of ignorance, and, as now, were employed in treating diseases of which they knew nothing, by remedies of which they knew less. Proscribed by the reputable and scientific class of physicians, and shunned by reason of the "attraction of repulsion," always subsisting between knowledge and ignorance, the race of quacks could only devour each other in the conflicts engendered among themselves, by striving to emerge from the obscurity and contempt into which the professional men of those days consigned them, simply by dignified silence and almighty neglect. Strongly entrenched in the fortifications of professional and scholastic acquirements, they laughed to scorn the puny efforts of ignorance to supplant knowledge, regarding them as impotent as were those of the magicians of Pharaoh to imitate the miracles of Moses. Their learning was, in such a strife, like Aaron's rod, which swallowed up all the other rods, for in our profession, as elsewhere, knowledge is power, and in their union there was strength.

It is true, that the enlightened popular sentiment then prevalent, in relation to the character and claims of the science of rational medicine, had not been sophisticated by the modern axiom that "ignorance is the parent of skill," as well as of devotion. In the days of our fathers, even the masses, unenlightened to appreciate the importance and necessity of universal education, nevertheless regarded learning as indispensable in all who assumed to investigate or remove the disorders of so complicated a machine as the human body. They expected their clergymen, their lawyers, and their physicians, to be educated men; and hence republicans, though they were of the olden school, revered the aristocracy of learning in the liberal professions, while repudiating that of rank or titled dignities.

Hence it was, that by common consent, physicians were then venerated not merely as learned men, but as public benefactors, because their learning was consecrated to the common weal. While quackery in every form was regarded as fatal to the character of all who shared its spoils, and they were viewed only as a moral fungus upon the body politic, with whom contact or intercourse was pollution and death. The line of demarcation which separated them from the profession was so broad and deep, that it might be said truly that there was a "great gulf fixed" between physicians and quacks, recognized and approved by the entire community.

R.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, NOVEMBER 18, 1846.
 

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*Operations without Pain.*—In the leading article of this day's Journal, by Dr. H. J. Bigelow, the profession will notice that an impression exists here in Boston, that a remarkable discovery has been made. Unlike the farce and trickery of mesmerism, this is based on scientific principles, and is solely in the hands of gentlemen of high professional attainments, who make no secret of the matter or manner. To prevent it from being abused and falling into the power of low, evil-minded, irresponsible persons, we are informed that the discoverer has secured a patent, and that means were taken to have the same security in Europe even before publicity was given to it here. Without further remarks, we cheerfully publish all that has been given us on the subject, and wait with impatience for the decision of the profession in regard to its real value.

*Fusible Gold for filling Teeth.*—A history of the thousand abortive attempts for filling decayed teeth with other substances than gold, need not be repeated; it is sufficient to say, that the various amalgams of mercury, under the deceptive names of lithodeons, &c., have been found worse than nothing, and are wholly discarded by all responsible, well-educated dentists. Dr. Smiley, of Boston, believes that he has finally succeeded in preparing gold, sixteen carats fine, for filling teeth, in a melted state, in an unexceptionable manner. It is fusible at an exceedingly low temperature, and therefore readily managed, and if it proves as serviceable as the discoverer anticipates, will produce a marked revolution in this essential branch of operative surgery.

*Hydropathy in Parturition.*—One of the very last insane things upon the all-curing properties of water, scientifically prescribed, is a note in the Water-cure Journal, from one Mrs. Emily Hotchkiss, who, under her own signature, bears the most over-doing testimony in favor of being well drenched, when under peculiar circumstances. She seems to be proud of already being the mother of six children. She says, "I have for four years practised bathing more or less, and adopted the Graham system of living," &c. And, further, the good woman has evidently set her face against the medical profession in a passion, unless they consent to engage in the water works at once. "Hear—hear," as they say in parliament. "It is really astonishing to see people paying large sums of money to physicians, and expecting pity and sympathy for being sick so much, when they could by small expense and so simple means as the water-cure, become so much more benefited."

*Pharmaceutic Poetry.*—Of all the manipulations in pharmacy, the construction of a poem, out of cathartic drugs, must have been the most



difficult. However, genius, such as occasionally buds, blossoms and bears literary fruit the same day, sometimes bursts out through granite skulls in New England, surprising even those who acknowledge that some kinds of talent are explosive. Fortunately, no one was ever materially injured by the bursting of a poetical shell: after repeated experiments, they have been ascertained to be much less dangerous than steam boilers or sub-marine torpedoes.

Some anonymous correspondent, with a view of either amusing or alarming us, sent quite an assortment of pseudo-medical intelligence last week, principally relating to Dr. Beach, who is about delivering a course of lectures at Pittsburg, Penn., on the reformed practice, &c., together with the title-page of "The Family Physician," in nine parts, by the same gentleman; also a schedule of the anatomical museum, owned by him and now open for visitation in New York, at 25 cents a visit—to which ladies, exclusively, are admitted on Wednesdays. But the queerest part of the enclosure is a poem, on calomel, set to music, says the type, by the Hutchinson family, and dedicated to Dr. Beach. Unless he has less intelligence than we have always supposed (if finding ignoramus enough to buy an edition of "The Family Physician" is indicative of intelligence), he would much rather take a dose of the excommunicated sub-murias hydrargyri, even if it did prick his gums, than the ten verses alluded to, which would make any modest man sick at heart. We of the regular army have it as follows:—

"Howe'er their patients may complain  
Of heart, or lungs, or nerve, or brain,  
All their diseases to expel—  
The remedy is calomel."

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*The Medical Schools in New York.*—We learn from New York, that the two medical universities in that city have commenced their respective sessions under very favorable auspices. The reputation of Dr. Mott is itself a tower of strength for the school with which he is connected; while the high character so long sustained by the College of Physicians and Surgeons will doubtless perpetuate their success in securing a good class. There would seem to be no falling off in the number of students who are pursuing medicine as a profession, judging by the hundreds who have flocked to New York thus early in the season.

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### New York Correspondence.

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*Hydrotherapy.*—The new mode of treating diseases by dispensing with the use of all drugs, and substituting therefor the general and local application of water at various degrees of temperature, has now been formally introduced to the American public, and establishments for applying the water-cure have been opened in various parts of the country, some of them upon a large scale, and attracting various degrees of patronage. In New York, a Doctor Shew, and the famous lecturer to females on anatomy, &c., Mrs. Gove, are the only two who have yet announced themselves as devoted to this practice, though Dr. Trall, editor of the New York Organ, our city temperance paper, has deservedly more reputation than either of them in the water-cure, which he has adopted without aiming at

much celebrity. There are, however, a number of our physicians who look upon hydropathy as a useful auxiliary in the treatment of certain chronic diseases, but yet do not prescribe it indiscriminately, or rely upon it exclusively. They may perhaps rather be said to encourage the water-cure, and look upon some of the new methods of applying it with favor, than to be strictly hydropathists. Two cases of disease, thus treated, have fallen under my observation recently, which I will briefly describe for the benefit of such of our readers as may take an interest in the subject.

The first case was that of a man 40 years of age, leuco-phlegmatic in his habit, a confirmed dyspeptic, whose hepatic derangement, of long standing, had subjected him to periodical jaundice, with hemorrhoids, and occasional febrile assaults, until a few months since, when pulmonary irritation ensued, with cough, pain in the chest, and morbid respiration, which threatened to prostrate him by its severity. He had long been a Grahamite, and lived very abstemiously, by which means, together with his indigestion, he was greatly emaciated, but was nevertheless very active in his business pursuits. Not finding relief in medication, to which he had great aversion, and only fitfully employed it, he submitted himself to hydropathic treatment. Every morning he wrapped his entire body, except his head, in a wet sheet, wrung out of cold water, winding it next his skin very tightly. He then placed himself between two feather beds, where he remained, as instructed, three hours and a half, all this time drenched with perspiration, which came on in a few minutes after lying down, and lasted without intermission. He then rose quickly, and unwrapping himself from the smoking sheet, he instantly took a cold shower bath, and then wiped himself dry, rubbing the skin well with a coarse towel. When I last saw him, he had persevered in this course for weeks, and as he thought with positive benefit. His strength and digestive powers had sensibly improved, his cough had subsided, his piles were gone, and his bowels regular without medicine. The jaundiced color of the skin remained, however, with but little change, and he was advised to take blue pills nightly, and discontinue the wet sheet for a few days. Since then he has continued to improve, though for a few weeks he has not been seen by me, not being a resident of the city. Should he entirely recover, this case will be claimed as a triumph by the new sect. The only practical inference I would deduce from it, however, is that the tonic effect of the cold shower bath is much more to be relied on than is generally supposed. It proves, too, that in such a case, the cold sheet and two feather beds may be safely employed in this way for sudorific purposes, if there be no local congestions forbidding the experiment.

The second case occurred in the family of one of our physicians, whose wife was confined last March, during an attack of bilious remittent fever of some days' continuance, giving birth to an infant which was sickly, and soon after attacked with intestinal irritation, ending in dysentery and accompanied with convulsions. For three months the little sufferer continued to emaciate, with constant bowel complaint, and repeated spasmodic affections, while the characteristic symptoms of *tabes mesenterica* by enlarged abdomen and hectic fever, with other strumous indications, left but little hope. The child lingered, however, until July, when it was three months old, though deprived of the breast and taking scarcely

any nourishment, so that it had not at all increased in weight from its birth. At this period, after a number of medical friends had with the father despaired of its recovery, the usual remedies having been employed without any improvement, Dr. H. D. Shepherd, of this city, proposed to test the efficacy of hydropathy in the case, modifying its use to adapt it to so young a subject, and watching its effects. Accordingly a cloth, wrung out of cold water, was wrapped around the child's body, and this covered by a dry one, when it was laid between flannel blankets for an hour. The child had been in fits, and screaming with pain, but soon after the application was in a quiet sleep, and perspired very freely. During the first two days, this course was repeated several times during the day, always wiping the body when removed from the blankets with a towel wet with cold water, and then a dry one. The subsidence of the convulsions and the retirement of the most formidable symptoms encouraged a continuance of the remedy, which was then repeated regularly three times a day. Soon after the skin became covered with boils, most of which suppurated, and more than sixty of which required to be opened with a lancet, the pus being of the ordinary appearance attending phlegmonoid inflammation. The improvement in the alvine evacuations was now marked, and a disposition to take nourishment was apparent, so that a quart of new milk with half a pint of cream was taken daily, largely diluted with water, and with manifest advantage. The boils continued to appear at intervals for weeks all over the body, until one hundred and twenty were counted, many of which required poultices, and discharged copiously. In fact, the wet sheet became a universal poultice, for the heat of the skin was such, for many days, that though the cloth was wrung out of ice water, it was soon warm and smoking with the perspiration which quickly followed its application, and emitting a fetid odor.

It was at this period I saw the child for the first time, covered with boils, even upon the scalp, and treated still by the wet sheet, &c., three times a day. I have lately been invited to see it again, and have obtained the history here given from the father, Dr. Oatman, and his associate, Dr. Shepherd. The child has entirely recovered, so far as I could judge by its appearance, and is gaining a pound in flesh every week. The grateful parents have not yet discontinued the wet sheet, applying it every night, and believe it to be still useful as a tonic. I learn that no other treatment has been used meanwhile, except a simple laxative occasionally.

Whether a cold shower bath, every day, would have been equally successful in this case, your readers may decide with the facts before them, and which are certainly worthy of consideration. I submit them without comment.

R.

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TO CORRESPONDENTS.—Another letter from Paris, by Dr. Fisher, Galen's review of Miss Beecher on the Water-Cure, and a letter from Dr. Holt, have been received. We are also promised the opening Address of President Everett and the Introductory Lecture of Dr. Hayward at the new Medical College. The publication of some of these must be deferred a week or two, on account of the present crowded state of our pages. Much matter, prepared for to-day, has also been excluded.

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*Report of Deaths in Boston*—for the week ending Nov. 14, 48.—Males, 19—females, 30—Stillborn, 3. Of consumption, 8—old age, 2—debility, 2—apoplexy, 1—infantile, 6—inflammation of the lungs, 3—lung fever, 6—scarlet fever, 2—marasmus, 3—canker, 1—disease of the bowels, 1—croup, 2—abscess, 1—jaundice, 3—dropsy in the brain, 1—dropsy, 1—suicide, 1—paralysis, 1—dysentery, 1—teething, 1—unknown, 1.

Under 5 years, 21—between 5 and 20 years, 5—between 20 and 40 years, 13—between 40 and 60 years, 6—over 60 years 3.



*Effects of Galvanism on the Heart.*—Prof. Mayer, of Bonn, recently gave an account of his researches, at the Scientific Congress of Italy, and, among other things, mentioned the effects of galvanic currents on the motions of the heart. They will actually arrest the pulsations for a time—the normal action being restored when the galvanic influence is withdrawn. He supposed that neither paralysis nor spasm ensued, but a mechanical effect was produced—a kind of tumefaction of the organ.

*Composition of Patent Medicines to be exposed.*—A law of the State of Maine requires that all patent medicines, sold in that State, shall have a label attached to each bottle, box, &c., describing the ingredients of which the contents are composed, and the proportion of each. This will make bad work with the sarsaparilla, especially that which is made up of sugar, water, liquorice and boiled molasses.

*Sulphuric Acid in Aphthæ.*—Prof. Lippich, of Padua, employs, with success, the sulphuric acid against aphthæ, and in syphilitic mercurial stomatitis, when the mucous membrane of the mouth and lips are covered with ulcerations which render deglutition difficult. He uses the following formula:—R. White honey, 30 grammes; sulphuric acid, 2 grammes. Mix, and make a liniment. In grave cases the proportion of the sulphuric acid may be increased to eight grammes to the same quantity of honey. The ulcerated surfaces are to be frequently touched slightly with this liniment by means of a soft pencil.—*Gazette Medicale.*

*Medical Miscellany.*—The first dentist in the United States, according to the Dental Mirror, was a Frenchman by the name of Le Mair, who came here with the French army. Next, one Whitlock arrived from England, devoted to the same pursuit.—Dr. Asbaugh has been giving lectures on phrenology, at Augusta, Ky.—Dr. Jackson, of Rockaway, N. J., who entered a crowd, during the late election in that State, to assist a man who had been injured in a mob, under the impression that he was a constable was severely beaten before he could escape.—The Marine Hospital, at Key West, was unroofed in the late gale.—At Camargo, where there are about 3000 volunteers, 1000 are represented to be in the hospital. Between that city and the Rio Grande, it is said that 1500 men, besides, are down with sickness; and 800 more at Matamoras. The Illinois brigade had 200 on the sick list.—The news by the steamer Cambria fully justifies the opinion, heretofore expressed, that the cholera is steadily advancing toward Europe, devastating and almost depopulating every country through which it passes.—Dr. Scudder stated at a missionary meeting in New York, last week, that the American Board know of no physician, at present, who is willing to go to the East in a missionary capacity.—A disease something like cholera has shown itself in Belgium, exciting much consternation.—Dr. Geo. H. Kingsbury gives notice of his intention to open a hydropathic establishment in Sunderland.—Dr. Stephen J. W. Tabor has left the Northampton Democrat, to resume the practice of medicine.—A new journal, devoted to dentistry, is proposed in Boston—to be forthcoming.—From the Granite Freeman we learn that a disgraceful fight took place, on Sunday noon last, between the Freshmen and medical students of Dartmouth College. It took place as they were leaving the church.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## DR. C. HALL ON THE FEVERS OF THE CHAMPLAIN VALLEY.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 322.]

SUCH are some of the peculiarities and secondary results of our febrile disorders. The predisposing cause of them is not as easily told or accounted for. In the formation of these consecutive results, much, no doubt, may be attributed to the exciting influences of intemperance, modes of dress, and impropvidences in living, which are common everywhere; but these artificial exciting causes depend more or less upon predisposition, in a majority of cases, for their morbid results. The present object is not to dwell on these important topics, but to endeavor to search out the atmospheric predisposing agent peculiar to the Champlain valley.

The writer has read the reviews of the essays of Drs. Wight, Gardner, Metcalf and others, published in the American Journal of Medical Sciences, on the subjects of "Animal and Vegetable Physiology," "Miasmata," and the "Agency of Caloric," and yields due deference to their opinions and theories, by adopting some of their ideas; yet is inclined to the opinion that the atmospheric moisture in the vicinity of marshy low-lands, coming in contact with the investing membrane of the lungs in respiration, displacing a portion of the requisite amount of oxygen gas, thereby lessening the due supply of this ingredient for blood-making and the generation of caloric, is the predisposing cause of remittent fever (though it is confessed that the peculiarities of intermittent fever seem to depend on some infectious principle aside from this). The same dampness coming in contact with the skin, precluding the escape of carbon, nitrogen, and the other perspirable matters, as well as the imbibition of oxygen, conduces to the same end—the interruption of the process of healthy sanguification and the evolution of caloric. The fact that the erysipelatous fever of 1842 was more endemial and malignant in a continued moist atmosphere than in dry weather, serves to strengthen this position. The theory of Dr. Metcalf "that the vital energy of animals and the development of their organization" depend on the amount of their respiration and the caloric resulting therefrom, makes it apparent that both are deficient in a humid atmosphere, and that this deficiency is the predisposing cause of congestive as well as remittent fever.

If, then, all the phenomena of physiological life are due to the completion of this pulmonary process, the caloric being conveyed by the arteries to the capillaries, for the purpose of uniting the proximate elements of nutrition to the solids; if composition and decomposition depend

on this primary function through the agency of caloric ; if, in short, the aëriation of the lungs be the primary function of sanguification, and caloric its immediate result, as maintained by Dr. Metcalfe, the higher temperature of arterial blood justifying this conclusion, it is obvious that the cause of derangement is primarily effective in the pulmonary organs, and that the recuperative powers of the system commence here. For, says our author, "the aggregate vitality of animals is directly in proportion to the quantity of their respiration, and the caloric that passes through their tissues ;" "the mean healthy temperature of all animals depends on the amount of their respiration ;" "caloric, air and food are the natural agents by which all the healthy operations of life are maintained ;" and caloric being the prime mover of the whole, the agent of derangement, we may infer, is of an opposite nature—lessening the oxygen of the air and food, thereby operating as an extinguisher of the caloric. And as the caloric, in the one case, is the connecting medium by which the nutrient particles of our food are united to the structures, so, in the opposite, it appears that the lack of it induces the pathological condition. "There never was a general fever," continues our author, "without a previous reduction of temperature—the first link in the chain of its morbid phenomena."

Now the question is asked, what is this counter agent or extinguisher of the animal heat in the commencement of fevers ? Whether this be humidity, malaria, sulphuretted hydrogen, or some other occult principle, not easy to define ; it is evident, from the effects, that there is a diminished quantity of oxygen gas inhaled, and a consequent deficiency of caloric imparted. And as, in its healthy supply, the caloric becomes refuse, like the elementary constituents of the blood, after being united to the organs, like them it necessarily passes out of the body as excrementitious. When, therefore, respiration fails to carry out its physiological results, it follows that the caloric, which should be its principal result, is inadequately supplied to the tissues, and consequently, falling short of its destined object, is unduly retained in the system—*becoming sensible heat* ; hence, the pathological condition. The agent that is productive of this failure is, thence, the extinguisher, in some degree, of that latent heat which sustains the phenomena of health. That a humid atmosphere is productive of this result (to say nothing of its malarious quality) is inferred from the fact of its lessening the due amount of oxygen gas in respiration, in proportion to the amount of humidity in the air, and lowering, in the same ratio, the temperature of the body.

If the predisposing cause of our fevers be according to the general hypothesis, malaria or some other impalpable poison—it is to be lamented that it cannot be indicated by analysis, or by a corresponding effect of something visible or tangible. Such not being the case, but the agent producing results corresponding with the effects of atmospheric moisture, and it being removed as the land becomes dry, a plausible pretext, to say the least, is afforded for fixing upon something tangible, in the investigation of morbid causes. The greater frequency of fevers among the first settlers of a new country, bordering lakes and marshy low-lands,



contrasted with the less frequent and mitigated form of subsequent fevers, after the forests have been removed and the lands cleared up, goes in proof that this change is the result of the miasmatic influence being swept away or dried up by the ingress and action of the winds. Such appears to have been the effect of like improvements on the borders of Lake Champlain.

In reference to the tissue on which the predisposing agency is supposed to act, in the development of fever, there are also different opinions. Some hold that nervous exhaustion is the primary effect, and that the suspension in the circulation and the various functional derangements are owing to this loss of nervous power. We are taught by Muller, Liebig and others, that the sanguineous fluid, the nervous force, and the elements of assimilation, reciprocally influence each other, without reference to priority of function. But there are certain nervous diseases which seem to sustain this theory—such as epilepsy, hemiplegia, chorea, &c. Yet whether, or not, these affections depend primarily on loss of nervous force, remains to be proved. If the axiom be sustained that “all organism depends on arterial blood,” and that “the duration of life in any part of the body, when deprived of arterial blood, is inversely as the quantity of blood required to maintain its activity,” we may safely conclude that nervous disorders, even, are the result of imperfect sanguification. Physiology teaches, moreover, “that division of the nerves going to the stomach, pancreas, kidneys, and other secretory surfaces, does not prevent them from secreting their respective fluids; but if cut off from the supply of living blood by tying their arteries, the powers of secretion, nutrition, sensation and motion are wholly suspended.” The nervous system, therefore, being dependent on arterial blood for the development of its force, its paralysis may with greater reason be attributed to failure in the arterialization of the blood. Mrs. H., a lady in affluent circumstances, full habit of body, though of the nervous temperament, aged 64 years, after a long season of care and anxiety, incident to the protracted and fatal illness of a daughter, was attacked, in the winter of 1846, with hæmoptysis and other indications of disordered lungs. Bloodletting was recommended, but nothing was administered professionally for several weeks, when hemiplegia set in, by the entire loss of sensation and motion of the right side of the body. Here it is evident that the lungs were primarily at fault, and that the subsequent paralysis was due to this imperfection of the lungs. Many such cases might be cited, did time and space permit.

“As in the ultimate changes through which organized particles have to pass, there exists an exact correspondence,” in a physiological sense, so pathologically there exists a corresponding derangement, including all the functions of the body. On the basis of this proposition, the writer of this paper will endeavor to illustrate the *rationale* of miasmatic causes in the phenomena of congestive remittent fever.

When the body has been exposed to the alleged cause of the fever—a humid atmosphere—and has perhaps suffered physical infringement, of some kind, such infringement, it may be imagined, gives impulse to the diseased

action which ensues. But if not excited by incidental causes, the system, no longer able to sustain its equilibrium by its inherent energies, at length succumbs to the predisposing agency alone. The blood being purified and renovated in the lungs by the process of respiration, any suspension in this process induces a corresponding suspension of capillary action everywhere—especially in a part injured by exciting causes. The capillaries, thus deprived of the requisite amount of caloric to combine the nutrient particles of the blood with the solids, cease, in a corresponding degree, to complete the ultimate changes that occur in a healthy state. Hence composition and decomposition are but partially performed—the particles being neither added to, nor separated from, the tissues. “That a process of this kind exists, is witnessed by examining, with the microscope, the capillaries, particles being seen constantly changing place—some adding to, other separating from, the mass of blood.” When, therefore, this function becomes suspended by reason of imperfect sanguification and the consequent want of animal heat, the capillary vessels become surcharged with blood and lymph. The heart, unable to supply the requisite force to overcome the engorgement, not being replenished with good arterial blood, or the requisite nervous influence, the kind and degree of action are not excited for this purpose. From this engorgement of the capillaries, “the vitality of the exterior surfaces,” says Dr. Wight, “is diverted to the central organs, by virtue of the tendency of electricity to pass from a positively to a negatively excited surface, and the cold stage of fever is revealed.” The capillaries of the skin being thus deserted by electricity and caloric, there being still a disposition to act without the power, the vessels become still more engorged with blood, and the next stage of fever is manifested in that of painful congestion. The blood sent to the head and nervous centres, under this hindrance, becoming more venous, congestion of these organs follows. And, “as respiration is partly a voluntary process,” it is rendered more powerless by the suspension of its tributary supply of voluntary power; consequently the “lungs become more paralyzed;” and the functions of the brain being oppressed, headache, coma and delirium ensue. The stomach, no longer supplied with pure arterial blood, fails to secrete the gastric fluid, and “nausea, vomiting or loss of appetite follow.” This primary function of digestion being arrested, the whole digestive apparatus is involved. “The liver, from its position” and office, being principally supplied “by the veins that bring back the blood from the stomach, spleen and intestinal canal,” first feels the effect of this want of harmony. The returning blood being unfitted for the secretion of healthy bile, “the bilious principle” is retarded in its separation from the blood; “hence the bilious tinge of the skin and eyes.” The lacteals, being endowed with a sort of elective sensibility, refuse to take up the impure chyle, or take it up in its impure state, and thus the elements for bloodmaking from this source are either withheld from the heart and lungs, or rendered unfit for healthy sanguification. These conjoined, with the moist and deficient atmosphere, and a want of cerebral influence, effectually suspend all healthy action throughout the system. Thus the mucous surfaces, mesenteric glands,

kidneys, and all the exterior surfaces, are brought into a state of painful excitation ; and whenever these have suffered local infringement by cold or other exposure, to such parts "are the fluids more particularly directed." The capillaries being suspended in their action from engorgement, the respiration becomes hurried and frequent, to make up, it would seem, for the lack of oxygen gas received by the lungs, as well as oxygen from other sources. From this unnatural and augmented excitement of the respiratory function, the heart is enabled to exert sufficient force, perhaps, to overcome, in a measure, capillary congestion, and *re-action* is effected—ushering in the third stage of fever. "Re-action, then," says Dr. Wight, "may be considered as equivalent to a larger supply of oxygen in the lungs, the true *vis medicatrix naturæ*." In this general effort to balance the circulation, it is evident that the blood is not distributed to all parts alike, "some receiving more than their just proportion and some less. To the state of excess the term irritation applies," a state resulting in consecutive disorders, such as phlegmonous tumors, rheumatism, glandular enlargements and scirrhusities, scrofula, &c.

Thus adopting the foregoing predisposing cause of the fevers of the Champlain valley, and the *rationale* of its *modus operandi*, the third division of the subject is presented—that embracing prophylactic and remedial means.

From the learned and graphic essay of Dr. Wight, it is made apparent that the prophylactic means consist mainly in clearing and ditching our swamps and marshes, and converting their sickly beds into gardens of health by the simple process of agriculture. By thus removing the thick shrubbery and draining off the surplus waters, the deficiency of oxygen gas is obviated, not only by the action of the air in dissipating the atmospheric moisture, but by a greater supply of this vital principle being given off from the leaves of vegetables growing in a dry soil. And this is still more abundant from "plants vegetating in earth mixed with lime, with a due share of moisture, giving off three times as much," this difference being in the greater facility "in the decomposition of carbonic acid." It is proverbial that a limy soil is best adapted to fertility and vegetation ; and with equal propriety it may be considered the greatest preventive of intermittent and remittent fevers. By its agency in absorbing the superfluous atmospheric moisture and drying up the undue wetness of the earth, an important hygienic object is attained in the business of agriculture, which, while it renders fertile our waste lands, removes their pestiferous influences.

If such results succeed the faithful cultivation of our low lands, a radical change is accomplished in removing the predisposing cause of congestive remittent fever. For we may combat morbid effects to no valid purpose, while the cause engendering the disorder remains.

[To be concluded next week.]



## THE PAST AND THE PRESENT.

[Communicated for the Boston Medical and Surgical Journal.— Continued from page 322.]

AFTER such a portraiture of the past, turn we now to the present, and let us together contemplate the contrast. And have the elevated character and dignified claims of the old school of physicians no succession now? Have that noble race of men left no representatives to perpetuate the aristocracy of professional learning, and to claim the respect due to medical scholarship? We may reverently exclaim, for the interest which humanity has in the issue, God forbid! Nay, verily, without implying any invidious discriminations among the worthy, or depreciating the claims of our fathers, it is still our glory that all over the land, and throughout the civilized world, "while we yield the palm of honor to the pulpit, and of money to the bar, we claim that of sound learning and scholarship for the physician." The nature of our profession, the profound and varied knowledge it demands, the ponderous tomes of antiquity whence its resources must be drawn; the multiplied and ever-accumulating results of experience and observation, recorded in the literature of ages, and the wondrous developments of modern science, all combine to invest our profession with paramount claims to an extent of sphere and scope for human genius absolutely illimitable. The field of research is so vast and complicated, so intricate, and yet so important, that to excel here requires physical endurance, mental cultivation, and moral power, with which few of our race are endowed, and which fewer still, in any age, have been found adequately gifted fully to explore. And yet there are men found, whose utilitarian creed has prompted them to dedicate their lives to the public service in this toilsome department of research, even without the ordinary incentives of genius, both subsistence and respect being often denied them in these degenerate days; when sound learning in every profession is so lightly esteemed in the popular creed and practice. Still, however, the old school physicians have very many worthy successors, whose scientific training has prepared them to understand and apply the resources of rational medicine, with a certainty and a success, which, while it exalts the claims of true science in their own estimation, constrains the homage of the intelligent and discerning to a profession, which ignorance and presumption have combined to assail and destroy. But the conspiracy has been vain, though collusion, fraud and imposture have entered the lists, and by their division of the spoils of quackery have gained over to the army of ignorance, deserters from our ranks, and apostates who have sold their birth-right for filthy lucre, less valuable than Esau's "mess of pottage," because won by the forfeiture of self-respect, and the sacrifice of principles sacred as honor, and valuable as truth.

Meanwhile, the traitors have been despised, though the treason has been rewarded by the *auri sacra fames*, the price of professional character, and the fellowship of the fraternity, both being sold like "meat in the shambles." The fate of such as have thus renounced their allegiance to rational medicine, and gone over to either of the medical here-

sies, whether foreign or domestic, which quackery has engendered, is at once the fruit and the proof of their own defective education in the principles of our noble science, and of their lack of capacity to estimate or apply its principles in the art of healing, their own want of success in gaining either fame or emolument furnishing the pretext which can alone account for their apostasy.

Nor can we exempt from these censures, the members of the fraternity, either at home or abroad, who have united with the defamers of our science, and combined to decry its principles as uncertain, and to depreciate its practice as ever of doubtful utility. For while we are ready to concede the imperfection of medical science inseparable from everything human, and admit that, as in other physical sciences, improvement is desirable and necessary in every department of rational medicine, yet we regard the efforts of physicians to disparage its character and claims in the style of Dr. Forbes, and Dr. Dixon of Great Britain, and their servile imitators here, to be not merely unbecoming and unworthy of them, but wholly unmerited and unjust. Indeed, their arrogance and presumption deserve rebuke, in view of the fact that while they aim a suicidal blow at the whole fabric which has been the work of centuries, and erected by men of giant intellects and stupendous acquirements; men of laborious observation and vast experience; yet the former is unable to project any substitute for the mighty building he would overthrow; and the other proposes, in lieu of rational medicine, a puerile hypothesis of universal periodicity, alike theoretically and practically absurd and imbecile. These are as unworthily employed as was Mesmer, in his silly conceit of *clairvoyance* and *medicin endormis*; or Hahnemann, with his *similia similibus*; or Thomson, with his *lobelia and cayenne*; or Priessnitz, with his *wet sheet and indiscriminate use of water*. These were all men of "one idea," and to name any or all of them in the same category with the founders or vindicators of rational medicine, as now taught and practised by so many of the mightiest minds of the age, would be profanity itself. Nor have they either separately or together been able to furnish even the projet of a new system of medicine, or even promulgate a single theory which will survive the century which gave them birth, save in the historic records which may be preserved of the sacrilegious assault upon the hoary and venerable principles of rational medicine, which are invulnerable to every attack, because immutable as truth.

But while the class of educated and scientific physicians are maintaining their integrity and perpetuating the succession of such by scholastic and clinical training, preserving the ancient dignity of the fraternity, and keeping at bay all the intruders into their temple, by withholding recognition and fellowship from every species of the genus quack; a change amounting to a revolution has been in progress among the masses of our population. The treasonable desertion, and the no less treasonable parleying with the enemy, by negotiating consultations and treaties with quackery on condition of participating in the spoils, have lost to the profession proper the vantage ground they once occupied. But still worse, the popular mind has become blinded to the true character and legitimate

claims of the aristocracy of learning, in all the liberal professions, so that ignorance in either is, to a frightful extent, no longer a disqualification either for the clergyman, the lawyer, or the physician; at least it is not now, as formerly, taken as *prima facie* evidence of such disqualification. The disastrous change in public sentiment here, finds a striking illustration in the startling fact that the progressive democracy of the times threatens to disfranchise from eligibility to the judicial seats of our highest courts the men whose legal lore should give them exclusive possession of the posts they only are qualified to fill, by rendering these high offices elective by the people in their primary assemblies. But even this, though it result in placing upon the bench personified ignorance, is scarcely parallel to the popular folly of deifying ignorance, by choosing as clerical teachers the apostle of Mormonism, or Father Miller, instead of those whom God and man unite to qualify as our religious guides. Nor is the vulgar adulation paid to quackery in many of the States, by legally abolishing all distinctions between physicians and quacks, less repugnant to reason or less mischievous. It is a humiliating sign of these degenerate times, when the masses of our people fail to discriminate the qualifications of the men to whom they commit their property, their health and lives, or even their souls. Learning has come to be undervalued if not contemned in every department; to attain excellence or even superiority in the professions is no longer the passport to the rewards of patronage, except by the discriminating few; while pretension, impudence and ignorance seduce the multitude under their triple banner, and carry off the prizes of both fame and emolument.

Honor to the men who in our profession give evidence that in their estimate, money is not "the chief end of man," and therefore resist the temptations which the defection of the multitude from reason, and their devotion to ignorant pretension, are ever presenting, to turn them aside from their unrequited toil for the public good. Their learning may fail of its appropriate and adequate recompense, by reason of popular delusion, but, strong in their conscious superiority, and secure in the regards of the judicious and discerning few among the profession and the public, they will still find an ample reward in the favor of the wise and the good. And though popular ignorance may still prove for a time the *pabulum vite* of the hydra-headed monster of quackery, yet it will presently be dissipated by that universal education which is the early destiny of our young republic; if it does not sooner become self-annihilated by the discovery of its results upon its hecatomb of human victims. Let us not, then, despair of the future, by the glaring contrast between the present and the past, for *magna est veritas et prevalebit*. R.

#### CASE OF WOUND OF THE HEART.

[Communicated for the Boston Medical and Surgical Journal.]

S. S., of Camillus, N. Y., aged 7 years, received a wound between the 7th and 8th ribs, at or near the sternal extremities, by a thrust from a nar-



row but long-bladed penknife. A jet of blood followed the withdrawal of the knife, which was instantly stopped by the finger of the mother. Syncope instantly followed, but he soon rallied. I saw him ten minutes after the accident. His pulse was feeble; he was pale, and bathed in a cold sweat. He was rational; his breathing free, without any irregularity of pulse. The syncope was repeated on the same day, and the day following, without any aggravation of the symptoms. From this time he became better, and resumed his school, was playful, and finally manifested his usual state of health. Three weeks and four days from the accident, he was taken with a sudden and fatal syncope.

*Autopsy, twenty-four hours after Death.*—Wound through the integuments healed. Some extravasation through the superficial fascia. A cicatrix of the size and form of the knife-blade was found on the pericardium, which contained eleven ounces of blood, the serum of which was separated from the fibrin and coloring matter as perfectly as could have taken place in a bowl. There was an opening in the anterior coronary artery. When was this blood discharged? Was it gradual, or was it sudden? Was it all discharged at the period of the first syncope, or was the shock from the wound upon the system sufficient to produce such syncope? Or was the fatal syncope from hemorrhage produced from sloughing of the artery, at the moment of death? Or was the hemorrhage gradual?

My own opinion is, that the wound produced syncope independent of hemorrhage; that this was trifling, if any, at first. The subsequent fits of syncope were the result of the wound on the nerves of the heart. And finally, that the fatal hemorrhage was sudden and instantaneous. The patient would have recovered perfectly if sloughing of the coronary artery had not taken place. Such cases do recover, in all probability. We hear of cases where buffaloes have been killed, and rifle or musket balls found lodged in the substance of the heart; having entered a long time previous to death.

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## CONTINUATION OF THE REPORT OF M. VELPEAU, SURGEON TO THE HOSPITAL LA CHARITE, PARIS.

By F. Willis Fisher, M.D.

[Communicated for the Boston Med. and Surg. Journal.—See pp. 269 and 269.]

### BURNS. CONTUSIONS. WOUNDS. DISEASES OF THE LYMPHATIC SYSTEM.

In a certain point of view, it seems advantageous to consider burns with contusions, for these two lesions have really great analogies. They both occur in every region of the body; they may be either light or grave; both admit of division into degrees, a division become classical, and which we shall not trace back for burns. If one studies contusions, he sees that each of those degrees admitted for burns is found exactly. In the first degree, the contusion is limited to a simple erosion of the tissues;

in the second, there is a raising of the epidermis ; the third is characterized by the formation of an eschar, which comprises a portion of the thickness of the skin ; in the fourth, the skin is modified in all its thickness ; in the fifth, the aponeuroses are attacked ; in the sixth, the whole limb is struck with death. This is not, as one may be disposed to think, a simple speculation of the mind, or an affair of curiosity ; there is in this comparison useful instruction, which bears on the prognosis and treatment of these lesions. The first degree yields quickly, with any kind of treatment. The burn of the second degree heals in some days, whatever be its extent of surface ; this is one of the questions most important to know. On the contrary, burns of the third and fourth degrees never heal quickly, whatever means be employed, and individuals who propose remedies against burns and contusions of these degrees, propose only an absurdity. In fact, when a portion of the skin, or the entire skin, is modified, it follows that the slough, which becomes a foreign body, must be cast off or eliminated, and that reparatory labor must take place to compensate for the loss of substance ; and what effect can the pretended remedies have upon this ? In the fourth degree of burns, the healing is still more difficult, and the lesion is susceptible of being accompanied by graver accidents. Arrived at this point, the subcutaneous layer is left exposed when the eschar falls ; this layer may inflame and become the source of diffuse suppuration, the prognosis of which is very serious. There follows, from what we have said, this result, more important than a title between two burns, of which one extends in surface including only a portion of the skin, and of which the other may be very limited but including the whole thickness of the integuments ; the second has more difficulties, and requires more time for cure. With equal extent, and even with much greater extent, the first would be much less dangerous than the second. One also observes that always when the skin is completely pierced, the cicatrix, having no point of support, forms itself with more difficulty. When a certain thickness of the dermis still remains, on the contrary, the cicatrix is formed much more rapidly ; this explains why the time necessary for the cure is far from being the same in these two degrees of burns. Burns of the fifth and sixth degrees, require amputations ; in this respect they are similar to contusions, which require the same treatment. The treatment of the first and second degrees consists in the application of oily liniments, oil and lime water for the face and trunk, and the application of bandages for the limbs ; the third and fourth degrees require emollients at first, and deteratives after the fall of the eschars.

Fifty-two cases of contusions have been received, some trifling, others grave, and others intermediate. It is principally on account of the infiltration and effusion of blood which accompanies them, that we shall examine contusions. When in consequence of violence blood is found effused in the tissues, it is found there in two distinct forms : either in a state of infiltration or collection. The blood infiltrated after contusions, unless it proceeds from the rupture of some large artery, is never a very grave accident. It is soon absorbed. This infiltration of blood takes place

according to certain laws very interesting to study; the blood does not follow, as one would suppose, a descending course; its progress is modified by the different organic layers which it meets, so that the fluid seems to resist the laws of gravity to which it is subjected, and the irregular disposition of the different aponeuroses causes it to appear to ascend against its own weight, when in reality it only obeys the directions that the resistance imposes upon it. Thus, for example, one will be deceived, if, beforehand, he thinks that blood effused in the superior portion of the thigh must necessarily descend and be infiltrated in the limb; one will be deceived if he supposes that infiltration in the perineum ought to invade the internal portion of the thigh and continue its route in that direction. Velpeau has seen effusions of blood in the perineum ascend towards the chest; others, commencing at the lower part of the thigh, mount towards the root of the limb. This singular phenomenon follows from the anatomical disposition of the parts; thus, in the groin, the subcutaneous fascia contracts adherences in such a manner as to form a kind of *felting*, which opposes the progress of the liquid downwards and forces it to rise; analogous dispositions in other parts allow us to foresee the course which these infiltrations will take, with the greatest facility. When the blood, instead of being infiltrated, is found collected, resorption sometimes takes place, but more frequently the collection remains. It is necessary, then, to bear in mind, in order to foresee what may take place, all the transformations that blood thus shut up may undergo, either in the tissues or in any close cavity. First, it possibly may cause an inflammation and form a sanguineous abscess. At other times, it happens that the fibrinous portion is left alone by the absorption of the serous portion of the blood, and there results a solid tumor of the fibrinous kind; or, on the contrary, the coagulable portion may be absorbed and a reddish serum remain. One also sees sometimes both the fibrinous portion and the coloring matter absorbed, and a liquid completely serous remaining. Finally, in some cases, at the end of a certain time one finds, instead of a sanguineous effusion, lumps similar to grains of cracked rice floating in a reddish fluid. According to Velpeau, these are not hydatids as some believe, but simply the result of an effusion of blood, the coloring portion of which has disappeared, and the solid portion of which has been separated, in consequence of the motion of the parts in which it is found. These productions are always observed in the neighborhood of very moveable articulations (elbow, wrist, &c.), which confirms Velpeau's theory of their formation. Finally, it is probably necessary to class among the possible transformations of the blood shut up in cavities, the origin of those foreign bodies which we meet with free in the articulations. One sees, then, that the consequences occasioned by contusions, carried to a certain degree, are as numerous as varied. Contusion being a very frequent lesion, it is not surprising that one observes so often the number of productions that it may engender. We will add, also, that it is possible that effused blood gives rise to tumors of different kinds, and, perhaps, though Velpeau advances the opinion only with reserve, sometimes to tumors of a bad character. The treatment of con-



tusions, when the sanguineous effusion is only infiltrated, is very simple ; it consists in the employment of resolatives, sometimes leeches, and time ; in general, the affection presents nothing dangerous. Velpeau has made an observation which he thinks new ; it is, that those individuals who have received some extensive contusion, frequently present one uniform yellow discoloration of the whole body. It is a phenomenon not easily explained, but one which he has observed in many patients. As to the sanguineous collections, as Velpeau has previously demonstrated, they are best cured by crushing the tumor when it is possible ; that is, when the tumor is situated upon a solid point. By this means the collection is transformed into an infiltration, and we not only cure the patient more quickly, but we place him out of the reach of those various and serious consequences which arise from sanguineous collections remaining either in the tissues or the cavities.

Wounds, very common lesions, presented nothing of importance. There have been a great number of cases ; four only were complicated with arterial lesions ; one of the patients had repeated hemorrhage ; the ligature was applied in two cases. With one exception, all recovered.

The diseases of the lymphatic system have amounted to forty. The inflammation of the lymphatic vessels is in every respect similar to an erysipelas. There are two species : the primitive, for which the patients enter the hospital ; that is to say, when the angioleucitis is their sole disease ; the secondary, when it happens as a complication. When the etiology of angioleucitis is properly understood, one will not be surprised to see this affection arise in the surgical wards. When we know that it is not necessary for the patient to have a large wound in order to develop this disease, and that it may arise from the smallest wounds, a slight excoriation, a hang-nail even, we are surprised that we do not meet with it more frequently. The prognosis which we have given for erysipelas, applies, in all points, with the same modifications and restrictions, to angioleucitis. When the disease is primitive, and constitutes the sole affection, it is not grave. We have not lost a single case of seven which were found in these conditions. On the contrary, when angioleucitis occurs as a complication, it is formidable ; there have been four cases and two deaths. Like erysipelas, also, angioleucitis is announced by precursory symptoms, such as chill, thirst, loss of appetite, &c. ; but in erysipelas, these precursory symptoms are more plain ; the tongue remains moist, though slimy. The pulse is small, unequal, tongue dry and crusty, sometimes reddish, in angioleucitis. The precursory symptoms of these diseases resemble, and are sometimes mistaken for, variola, measles, or some other eruptive disease. Erysipelas and angioleucitis are sometimes blended, but the pathognomonic character of erysipelas will always be found. It consists in that particular kind of redness, which causes the patch which terminates bluntly, with an elevated border, to appear redder and more inflamed on the edges than in the centre. In angioleucitis, it is the contrary. In erysipelas the inflammation is eccentric. In angioleucitis, it is concentric, a distinction not to be forgotten.

Inflammations of the lymphatic ganglions have been received to the

number of eighteen, and in seventeen the adenitis terminated by supuration. This result does not conform to general observation, for reasons easily explained. Patients do not enter the hospital with adenitis until the disease is so far advanced that all hope of producing resolution is lost. In private practice, on the contrary, resolution is accomplished by the employment of the proper remedies at the commencement of the inflammation. Besides, patients do not wish to enter the hospital unless there is much inflammation and pain, and when the adjacent cellular tissue is also attacked; but in such cases suppuration is inevitable. These inflammations in practice may be advantageously compared to those of the mammæ, and their prognosis depends upon three categories—whether the inflammation is in the ganglion itself, in the cellular tissue above it, or the cellular tissue below it. The gravity of the prognosis is according to the depth of the disease. The etiology of the ganglionic engorgements is the same as that of angioleucitis. Five patients were operated upon, one died, the others recovered. The ganglionic engorgements, the acute adenitis, and the angioleucitis, recognize the same etiology. This includes the whole class of lymphatic diseases, a numerous class, embracing that multitude of affections known as scrofulas and engorgements. It should be remembered that both the acute and chronic inflammations of this system originate in those thousand trifling irritations, some of which frequently pass unnoticed, such as pricks, excoriations, blisters, burns, &c. This origin is the same and equally as easy to be understood in diseases wholly medical, since there are lymphatic vessels everywhere, both on the exterior and in the deep parts; these suffer irritations, the products of which are exhibited in the ganglions. This simple explanation is generalized daily, and we no longer need to have recourse to the idea of an imaginary virus to explain the nature of these diseases; it renders their therapeutics clear, and is advantageous in every respect.

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#### THE DISEASE KNOWN AS MORBID SENSIBILITY OF THE RETINA, ILLUSTRATED BY CASES.

By George A. Bethune, M.D., one of the Surgeons of the Massachusetts Eye and Ear Infirmary.

[Communicated for the Boston Medical and Surgical Journal.]

THE following remarks formed part of a late lecture on amaurosis, to the students of the Tremont St. Medical School. It has been suggested to me, that they should be published. A reason for this may, perhaps, be found in the fact that a great deal has lately been said on the subject in this place, and that but very little has ever been written. The cases I have added, though of necessity very imperfect, cannot be without interest for those who may be called on to meet such in their practice.

#### *Amblyopia, Weak Sight.*

This is an amaurotic affection which is barely alluded to in the English books, but which, from its frequency, in this country at least, de-

mands a more lengthened consideration. Lawrence speaks of it as an incipient stage of amaurosis, which occasionally becomes permanent. McKenzie almost apologizes for alluding to it at all as a separate disease, and after enumerating a large portion of the affections to which the eye is subject, says that any of these, and many others, by ignorance or carelessness, may be set down as weakness of sight.

It is certainly not a little curious that a disease of which we see so many, and often so embarrassing cases, some of which refuse to yield to any course of remedies, should be so lightly spoken of by writers of the accuracy and copiousness of those I have just quoted. It leads to the suspicion that there are causes at work among ourselves which cannot exist to the same extent in Great Britain. I think I may say, without exaggeration, that I have known, among my own personal acquaintance, several hundreds more or less affected with this disease, which with us passes under the name of morbid sensibility of the retina.

*Subjects.*—The more common subjects for this affection are persons engaged in sedentary occupations which require the use of their eyes on small objects. Another large class are persons in easy circumstances, of nervous and susceptible temperament, and who pass a large part of their time by day and night in reading or study.

*Causes.*—Besides those which everywhere exist, I think there are several circumstances, which, taken together, may account for the peculiar frequency of this affection in this region. The first of these is the climate. Compared with England, we have probably two or three of what are called pleasant days to their one, and even in their clearest weather it is rare to find that very clear and dry atmosphere of which we have so many days, especially in the winter, when the glare of the snow adds so much to the dazzling effect of the sun's rays. Secondly, we are the most reading people in the world. Thirdly, as a natural consequence of this, to meet the universal demand, from people with small means as well as with large, we read the cheapest and the worst books (I mean the worst-printed books) of any people on earth. If we add to this the bad influences of the modern furnaces and cooking stoves in crowding the head and eyes with blood for many hours at a time, unrelieved, as formerly, at least in many houses, by the cooler entry or bed-room, I think we go far towards accounting for the great prevalence of this disease among ourselves, especially if we consider that probably in no other part of the world are there so many under the constant influence of causes affecting the nervous system in general.

Any cause which deranges the health may undoubtedly predispose to its attack. Among females the most common I have found to be irregular menstruation and leucorrhœa. In some women so affected, the symptoms are aggravated at the menstrual period.

*CASE I.*—*Morbid Sensibility of Retina.*—Jane C., 26. Oct. 9th, 1845. Health not good. *Menstruation irregular.* *Leucorrhœa.*

First troubled by eyes 6 years ago. Present symptoms are, *muscæ volitantes*, feeling of weight in lids with an inability to raise them, and dimness of vision on looking at objects. Ordered an injection of acet. of



lead, per vaginam, 3 ss. to a pint of water. Cathartic of calomel and rhubarb, pediluvium quaque nocte.

14th. Leucorrhœa less. Eyes somewhat better. Continue injection per vaginam, and to take, for costiveness, tr. colchici (of the root) ten drops three times a day.

CASE II.—*Morbid Sensibility of Retina*.—Mary A. T., 32. May 26, 1846. Her health is not very good. Costive. Appetite indifferent. Leucorrhœa. *Eyes are worse at menstrual periods*. Is somewhat dyspeptic. Has been married 8 years. Never pregnant.

She says that the first trouble in her eyes commenced when she was 17, by indistinct vision on looking at objects. For two years and a half past she has had pain in the eyes, and through the temples, for some time past nearly constantly. Is apt to have cold feet. She has had leeches, blisters, setons, &c., without relief. She was directed a liniment of ammonia and croton oil to spine. To take a solution of citrate of iron, c. syr. rhei, 3 in die, 3 j. each dose containing 2 grs. of iron, to exercise freely in the air, and to apply to the eyes warm or cold water as either should prove more agreeable. 30th. Much the same. Cold applications, proving more grateful, were ordered, and she was to inject, per vaginam, a sol. zinci sulp. gr. j. 3 in die, for the leucorrhœa. June 4th. Four days ago omitted medicine on account of diarrhœa, oppression and faintness. But she says that *while sickness continued the eyes felt well*. Apply emplas. ferri to stomach. R. Infus. quassiæ cascarilla and aurantii 3 ij., increased gradually to 3 i. 3 in die. To apply above brows the strong tr. aconiti once a day. 8th. Instead of once, she has applied the tr. *twice a day*, followed by dizziness, confusion, and difficulty of walking. Now *has no pain* in eyes. Directed to continue barks, and to use the aconite if pain return.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, NOVEMBER 25, 1846.

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*New York Correspondence*.—In addition to the extensive occasional and miscellaneous correspondence which this Journal already enjoys, we have secured to it the additional advantage of having a regular correspondent and contributor in the city of New York, who will furnish such local medical intelligence as may come to his knowledge in that city; and also communicate whatever his opportunities, taste, or individual views on subjects of general professional interest, may suggest. He is one on whose ability and discretion we may rely with much confidence. His opportunities for study and clinical experience have been ample, and his acknowledged acquaintance with medical literature, both foreign and domestic, will enhance the value of his contributions. The gentleman to whom we allude is David M. Reese, M.D., formerly professor in the medical department of Washington University, Maryland, but perhaps

more extensively known as the author of the American edition of Cooper's great Dictionary of Surgery, in which the discoveries, improvements and claims of American surgeons were for the first time advantageously arranged for publication. As already intimated, the opinions expressed in his correspondence may be considered as his own, although we do not anticipate anything from his pen from which we should wish to dissent.

We take this opportunity to repeat, what has before been stated to the readers of the Journal, that we do not hold ourselves responsible for the opinions of any one who may contribute to our pages. The Journal is open to the profession, and intended for the profession, and not in the interest of any school, association or clique—and, therefore, each reputable physician, in his turn, has a fair opportunity, within the limits which we must prescribe, of expressing himself upon all subjects appertaining to medicine, surgery, or humanity in general. Under the influence of a strong desire to promote the extension, among the profession, of useful knowledge, and to increase the sum of human health and happiness, the editor feels that the course he is thus pursuing is right and proper, while it is liberal towards all who have the same principles at heart which govern himself.

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*Improvements in Filling Teeth.*—Another discovery has been made in the manner of preparing gold for dental purposes, which is thought, by those who are conversant with the subject, to be superior to Dr. Smilie's plan, referred to last week, of fusing the gold at a remarkably low temperature. The latest, and, as several competent judges aver, the very best method of filling with the pure, precious metal, originated with our ingenious neighbor, Dr. Charles T. Jackson, a gentleman who takes the first rank in chemistry. Dr. Smilie acknowledged, without hesitation, that his filling was only sixteen carats fine. Dr. Jackson, on the other hand, admits nothing short of the utmost degree of purity. On this depends the superiority of his material over that of the other. Without uniting the gold with any base metal, we are assured that he actually prepares pellets, almost as flocculent as wool, which only require a slight degree of manipulation, to fit them to the ragged interior of the tooth, without pain, and with so slight a pressure as to make no disturbance in the region. Finally, when the patient leaves the operator, he is happy in the reflection that the defective organ has been secured without suffering, and that the filling is unmixed, and really what it is represented to be—virgin gold. Trifling as this might at first appear to a person who has no personal experience in being under the heavy pressure of the dental operator's punches, those who have borne the fatigue of being belabored scientifically, to save a few diseased teeth, sound, will hail this or any other process which promises amelioration from torture, with marked pleasure and interest. We sincerely wish the excellent and industrious discoverer of the secret of preparing gold in this novel manner, may derive a pecuniary advantage from it, commensurate with his just deserts.

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*Placenta Forceps.*—In the mass of new surgical apparatus which Mr. Burnett has lately procured, are several novel midwifery instruments—among which, the placental forceps are prominent. They are solely in-

tended for seizing the placenta under circumstances which sometimes, though rarely, occur. They are truly beautiful in workmanship, and ingeniously contrived. Belonging to the same group of newly manufactured and improved instruments, are Dr. Bedford's guard forceps, and Dr. Channing's improved midwifery forceps, which combine the mechanical advantages of several familiar kinds. Both these gentlemen are professors of the obstetric art—the first being in the University School, New York, and the latter in the Medical School of Harvard University. Whatever they sanction, ought to command the confidence of less experienced practitioners.

Rectum bougies, very admirably constructed of elastic gum, struck us as being very valuable in practice. A preference is given by some gentlemen here, to heavy metallic bars, bougie shape, of considerable size. Dr. Henry G. Clark, we understand, who is eminently successful at the north part of the city, in the treatment of piles, orders these in preference to any kind recognized as being useful. We apprehend that rectum bougies are not resorted to as frequently as they might be with striking manifestations of advantage to the patient. There is a fashion to be followed in the treatment of chronic diseases, as well as in the cut of a coat. The surgeons of thirty years ago, derived much more assistance from these very instruments, though of inferior manufacture, than their successors of the present day.

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*Medical Eclecticism.*—A little sheet, called the *Eastern Medical Reformer and Monthly Journal of Medical and Surgical Science*, published at Rutland, Vt., calls out most lustily upon all the odds and ends of society, who are favorable to a "consistent reformation in the application of remedial agents," to meet at that place on the 8th of December next. "They are cordially solicited to attend a mass convention"—on which occasion an eclectic medical institute will be formed. And that is not all; great doings are contemplated—for a lecture will be given, we are told, on the principles of eclecticicism. From a critical examination of the programme, it is evident that a blow is intended, of no ordinary force, the effects of which on the present condition of the medical world, no human foresight can determine. That it will be dreadful, is readily admitted. If all the people who are dissatisfied with physic as it is, should assemble at the top of the Green Mountains, on the day appointed, and each one should succeed in having his own peculiar views of what is what, adopted by the mighty assembly of "eclectic" beings on that occasion, what might not be expected from the combined power of so many "reformers," all in action at once, on the future destiny of that imaginary phantom, heretofore called medical science! As mercy is an attribute of the gods, may the mass meeting of "eclectic reformers" manifest its existence in their deliberations, and not, in their haste to establish a new system, founded on laws which they recognize in nature, shock the inhabitants of christendom by suddenly overthrowing, by a single vote, all the old and revered institutions of medicine and surgery in this and other countries.

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*Dental Mirror.*—A practical dentist, Mr. H. G. Luther, of this city, has issued the first number of a quarto monthly sheet, with the above name,



which is sold at one cent a copy. The selections are appropriate, and intelligence is circulated in it that will be read with satisfaction by all persons. We are advocates for the diffusion of useful knowledge, under whatever name it assumes, and the proprietor, therefore, has our cordial wishes for the success of his enterprise.

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*Corpus Luteum.*—Dr. Purple's curious and thorough investigation, entitled "*Corpus Luteum: its value as evidence of conception, and its relation to legal medicine,*" &c., which first appeared in the *New York Journal of Medicine*, has been published in a pamphlet, by Messrs. J. & H. G. Langley. Dr. Purple has been critically exact in all his anatomical examinations, and we cannot withhold from him the expression of our entire confidence. There are certain yellow bodies found in the ovaries of females, called, technically, *corpora lutea*, which he divides into true and false. Some very marked cases are introduced, corroborative of the author's theory, or facts, which must continue in all future times to be of importance in legal medicine. A synopsis of the trial of Mr. Angus, of Liverpool, for the murder of Miss Burns, adds very much to the general interest of the article. Had Dr. Purple's views been proved correct at that period, and known to the law officers of the crown, the accused would not have been acquitted.

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*Medical Department of the Army.*—The Army Medical Board, lately in session in the city of New York, has recommended the following persons for appointment to the Medical Staff of the Army:—Robert Newton, Pennsylvania; Horace R. Wirtz, do.; Israel Moses, New York; John F. Hammond, South Carolina; Josephus M. Steiner, Ohio; Robert C. Wickam, Virginia; Charles P. Dyerle, do.; Elisha J. Bailey, Penn.

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*National Medical Convention.*—At the meeting of the Ohio Medical Convention, held at Columbus, May 12th, 1846, Prof. M. B. Wright, of the Medical College of Ohio, Prof. Samuel St. John, of the Medical College at Cleveland, and Prof. John Butterfield, of the Medical College at Willoughby, were appointed delegates to represent that Convention in the National Convention to assemble in Philadelphia in May, 1847.

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## New York Correspondence.

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*Re-publication of Spurzheim's Works.*—Harper & Brothers, of New York, have just published the fifth American edition of Dr. Spurzheim's latest work on Phrenology, or the doctrine of the mental phenomena. The two volumes are bound in one, comprising both the physiological and the philosophical parts, as the author was wont to call them. The admirers of the new science, not only, but even those who withhold their assent from its teachings, will find in this volume the fullest exhibitions of its doctrines by the great master, who, although second to his predecessor, Dr. Gall, yet far surpassed him in genius, learning, industry and zeal. The work is brought out in the publishers' best style, and the numerous

plates are well executed; while for reading or reference, its condensation in a single volume is a decided advantage, especially as the type is large enough, and the volume of very convenient size.

*American Journal of Homœopathy.* Drs. Kirby and Snow, Editors.—The 14th No. of Vol. I., bearing the foregoing title, is a real curiosity in its way. It bears the transcendental motto, "The agitation of thought is the beginning of truth;" which, if it mean anything, seems to imply that truth has not yet had a beginning, and hence Drs. Kirby and Snow have undertaken to "agitate thought" by their Journal, in the hope of giving truth a beginning. Not having had the pleasure of hearing of either of the *duo* editors before, who modestly style themselves "Doctors," prefixing this title to their names, we are led to doubt whether they have the right to affix any professional title, and presume they are only self-styled homœopathic physicians, in which capacity the less of knowledge they have the better, in "the learned lumber of the schools," as Hahnemann calls the scientific and scholastic stores of medical literature. But Hahnemann was mistaken when he said "the true art of healing begins with me," for truth has had no beginning yet, nor can have until Drs. Kirby and Snow succeed in "agitating thought."

We have looked through this No. in vain for any evidences of "agitation" or even of "thought" itself; nor have we found any semblance of truth which we can admit to be such, unless the following specimens can find credence.

The creed of American physicians is represented to be that "if we only know a disease, the cure is easy enough—it will come of itself!"

Again, "The old school is destitute of a *materia medica*, and as a consequence it has no *therapeutics*; that is, not knowing the remedial agents, it can have no rules for their application in diseases!"

Surely, assurance can no farther go; and such "agitation of thought is the beginning of truth"! *Vive la Bagatelle!*

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TO CORRESPONDENTS.—We must again claim the indulgence of numerous friendly correspondents. Besides the favors already acknowledged, and which have not yet been inserted or commenced, are—A paper on the Use of the Ethereal Vapor, Phocion's "Sermon to Physicians and others." A new plan of Medical Reform, by "Old Physic," Dr. North's Dissertation read before the Vermont Medical Society, and Dr. Hubbard's notice of a Mesmeric Prescription.

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MARRIED.—W. W. Hall, M.D., of New Orleans, to Miss H. W. Matlock.—Wm. H. Miller, M.D., of West Poughkeepsie, Vt., to Miss F. M. Wentworth.—At Canaan, N. H., Dr. Arad Wheat, to Miss J. M. Gage.

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DIED.—At Concord, Mass., Dr. Prentice Bugbee, of Barnegat N. J. 65.—At Louisville, Ky., Dr. James Moore, late of Waterford, Conn.—In Sheffield, England, Dr. Flavell, President of the Provincial Medical Society.—In Effingham, N. H., Dr. David W. Clark, formerly of Sturbridge, Mass., 68.—At Leicester, Dr. Joseph Flint, of Springfield, Mass., 68. Dr F. was an eminent practitioner of Medicine and Surgery. It is hoped some gentleman will favor us with a memoir of his life.

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*Report of Deaths in Boston*—for the week ending Nov. 21, 44.—Males, 23—females, 21—Stillborn, 3. Of consumption, 12—infantile, 5—hemorrhage, 1—disease of the lungs, 1—marasmus, 3—drowned, 1—croup, 4—jaundice, 1—disease of the bowels, 1—diarrhœa, 1—throat distemper, 1—accidental, 1—dropsy on the brain, 1—debility, 1—hooping cough, 2—lung fever, 2—intemperance, 1—dysentery, 1—scrofula, 1—brnchitis, 1—disease of the heart, 1—unknown, 1.

Under 5 years, 18—between 5 and 20 years, 4—between 20 and 40 years, 12—between 40 and 60 years, 5—over 60 years, 5.

*Dental Literature.*—"A Popular Treatise on the Teeth, &c. &c., by E. G. Kelley, M.D., Member of the American Society of Dental Surgeons, and of the Massachusetts and Boston Medical Societies." A second edition of this Treatise has just been published by J. Munroe & Co., 134 Washington st., Boston. A while since we noticed that dentists were considered conservators of the public health. If such is the case, this author is eminently so. He not only shows how directly ill health and imperfect physical training in childhood, operate in the production of subsequent bad teeth, but traces the connection of the latter as the chief cause of much disease and suffering, which none but physicians, and only a few of them, fully realize. It is his opinion that the great mass of dental disease may be prevented by early and proper care; that in general the teeth, if filled when decayed, as they should be, may be preserved during life. In this operation Dr. Kelley takes special pains. Many, also, who suffer from imperfect mastication without teeth, are not aware how much their health and comfort might be improved by restoring the natural complement. Dr. K. has lately established himself in Boston, in an eligible location, in Tremont Place.

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*Hospital for Children.*—It is spoken of as a matter already settled, that Dr. Wm. Lawrence, of this city, who has lately returned from Europe, has purchased the old Medical College in Mason Street, which is to be fitted up for an Infirmary for children and infants.

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*Medical Miscellany.*—The first lecture on Anatomy, in the New Medical College, in this city, was given on Wednesday, November 11th, by Dr. Warren.—The contemplated hospital at Brooklyn, N. Y., is likely to go into operation—the trustees having been chosen.—Messrs. S. & W. Wood, No. 261 Pearl Street, New York, have an admirably well selected stock of medical works, embracing the richest and rarest—which physicians should recollect, when visiting that city. Their new catalogue is now ready.—A slave recently died at Frankfort, Ky., at the age of 112 years. When 84 years of age, he married his fourth wife, and raised a family of 7 children.—A girl, 15 years of age, living at Georgetown, Ky., actually committed to memory the whole of the New Testament, in six weeks, besides attending, in the mean while, to her ordinary domestic duties.—A treatise on Neuropathy, by Frederick Hollick, M.D., is announced at Philadelphia.—Capt. Thistle, late of Florida, has invented an ambulant—a kind of bed-on-wheels, for conveying sick and wounded soldiers from the field of battle. Is it any better than Baron Larrey's?—Under date of Sept. 26th, 20,000 had died of the cholera in Persia. It had passed the Russian quarantine on the borders of the Caspian Sea, and is now raging in the Tartar villages.—Dr. James G. Russell, of Pontiac, Michigan, has been acquitted of the crime of poisoning his wife with arsenic.—More than 1000 soldiers have died on the banks of the Rio Grande. A regiment from Alabama lost 100.—New York is reported to have had 4,526 drunkards before the police in the last six months.—A correspondent at Madison, Wisconsin, writes that the past season was the most sickly which has been known in that region—most of the cases intermittents and remittents.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXV. WEDNESDAY, DECEMBER 2, 1846.

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No. 18.

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## THE WATER CURE.

[Communicated for the Boston Medical and Surgical Journal.]

THE work is done, the great question which has agitated science so many centuries is settled, health and everlasting youth may now always be found. Miss Catharine Beecher is the happy individual appointed by fate as the arbiter in the case, and she has rendered a solemn, irreversible judgment. She has come out god-mother to hydropathy, and with a furious onslaught upon the profession aimed a deadly blow with her dipper at the head of Æsculapius, which certainly would have proved fatal had the weapon been made of stouter material; it was laid on with right good will, but his cranium has stood much harder whacks, and in this case, instead of a groan, he complacently smiles, and replies, Wait a little, my good woman, by-and-by you will be wiser.

In the New York Observer for October 24th, is a long and apparently gratuitous article (*à la Bulwer*) in favor of this bantling, in which it is necessary, of course, to cast a slur upon the profession of medicine, which is considered the scientific way of establishing any quackery: first prove that nobody else knows anything, and then it is very easy to show that we know everything. This worthy lady has seen fit to fall into the same beaten track, and having put down the profession, is ready, with a patronizing air, to lend a help to any new system which needs her aid. It is wonderful to see how many excellent women seek for immortality by attaching themselves to the suit of the professors of these new mysteries, who would have made a much better figure attending to their duties at home. There will no longer be necessity for clinical observation, no longer for deep, untiring research into the arcana of nature, no longer need of soiling the fingers and endangering life in the thankless examination of the dead; cold water, the sovereign remedy of every ill, can dispense with these, and, circling through the veins, washes out every particle of disease with very little trouble to the operator and "most soothing and agreeable" sensations to the operatee. Ah! blessed era for washer-women! How should hotel chamber-maids rejoice? There is no longer need of airing or drying sheets; it is easy now to die in the height of fashion. The miserable wretches who have gone out of the world with pleurisy and rheumatism, from sleeping in these damp envelops, were entirely mistaken; they were actually better for it,

or would have been had they not stopped too soon, or something or other "taken them away just at the most critical time of the cure."

To assert that water is a useless article of the *materia medica*, would be untrue: its properties have been long known, and it has an established place which no efforts of the fair champion can elevate or depress. Many were the observations made upon its use by learned and skilful men long before the days of Priessnitz or Miss Beecher. The objection we urge against it, is that it is not a cure-all, and such it is regarded by the water fraternity, the assertions of Miss Beecher to the contrary notwithstanding; even in her own opinion it is the only treatment of which anything is known, as she endorses the sentiment that physicians know nothing either of disease or remedies. But let us look a little into the article itself, and see if there may not be some defects of argument, something which may lead us to suspect that a weak judgment may have been swayed by considerations which a strong "common sense" would have resisted.

In the first place, we are to understand that three objects are aimed at by the article. First and mainly, that Miss Beecher, like Miss Martineau, is a patroness, and a new system of medicine hangs from her apron strings. Secondly, it is an excellent opportunity for showing the world that she understands a great deal about matters and things in general, and medicine in particular. Thirdly, it is intended as a capital advertisement for her protégé in Brattleboro'. We shall examine the article in these three respects, with as much brevity as circumstances will admit. It begins with a great deal of sympathy manifested for poor afflicted sufferers. Thus far it is the old story. We think, however, that the sufferings of the sick would be much less aggravated, were the care of them left to persons of experience, whose honesty and education are some guarantee that the best will be done which human ingenuity can devise; while the interference of incompetent persons has ever been, and probably ever will be, the means of swelling the amount of human woe. Daily experience fully satisfies every medical man of this fact. In order to establish the doctrines of hydropathy, she invokes the genius of Liebig and Billings. In respect to the latter of these, nothing at all is said in his work regarding the water cure, and even much less upon the use of water in *any* shape, than can probably be found in any medical treatise of the same size extant. Hear her. "He," Billings, "also shows that it is in agreement with the *common sense* views and practices of mankind in all ages. No person can read this work without conceding that he fully proves these positions." Now I have no doubt that Miss B. has been here grossly imposed upon; she could not herself have read the book. I can find but two or three allusions to water as a remedy in it; one of these being a recommendation of Liston's cotton and warm-water poultices in preference to the bread and water, used from time immemorial—and in another place, in a note, he says, that cold may be more safely used externally in inflammations of the cavities of the chest and abdomen than is commonly supposed *when the surface is hot*. To cite this as an author

in favor of hydropathy, shows a great want of authority, and would never have been done except to amuse or attract the public. The whole scope of his work is decidedly hostile to any such idea, and is not only opposed to hydropathy, but, when rightly understood, will be found one of the ablest treatises in opposition to homœopathy, though not apparently written against it, a humbug which fountains of cold water seem not entirely to have washed from the cranium of the fair champion. As to the statement that he proves hydropathy in agreement with the common-sense views and practices of mankind, it is, I believe, entirely false. A careful examination of the book has brought me to no such conclusion, but to one entirely the reverse; and such will be the opinion of every medical reader. She might with equal justice have quoted Shakspeare or the Koran. Liebig, too, is dragged in by the ears to take a part in the attack. Now Miss B. certainly cannot hope that the public should put greater confidence in Liebig than she herself does, since she calls him one of the greatest physicians. If Miss B., therefore, will not hear him on homœopathy (her other idol), why should she expect the public should on hydropathy. Let us hear what he says about it. "Without this scientific foundation," physiology, not cold water, "without a clear insight into the very essence of natural phenomena, without a solid physiological and chemical education, we are constantly liable to fall into the most serious errors of practice" (yet the ignorant Priessnitz is equal to anybody). "Can we wonder that men, wholly ignorant of physiology and chemistry, although in other respects rational, should adopt the absurd notions of Hahnemann, that his doctrines should prevail in Germany and find disciples in all countries? Reason alone will not prevent whole nations from falling into the most abject superstitions." Now as Miss B. probably cares very little for what Liebig says about the one, there will be no ground of complaint if we do not care what he says respecting the other, if indeed he has so said, of which I am not aware, and the above quotation would not lead me to infer.

Next, she says that Priessnitz "is a man of great genius, united with great sagacity and common sense." This is very true; he well knows how to make money, and in this respect exhibits much more sagacity and common sense than his disciples, and will follow his trade as long as their pockets hold out. He has, moreover, a remarkable tact in detecting those who would be likely to die under treatment, and carefully excludes such from his establishment, reserving those, only, who he perceives have vigor enough to live through. In this respect he certainly has shown more acuteness than some of his followers. The next position she takes is, that the treatment is not hazardous, and to prove it takes a very odd and round-about way. She says, "In reference to his, I will quote a few lines from Dr. Pereira, one of the most celebrated standard medical writers, in reference to the danger of using *drug medicines*." "Several physicians (as Murray and Thompson) consider *opium* as primarily *stimulant*; some, as Cullen and Barbier, regard it as *sedative* (that is, just the contrary of stimulant); Dr. Mayer considers it as a stimulant to the nerves and a sedative to the muscles and digestive or-



gans. Orfila regards it as *neither*; while others, as Müller, call it an *alterative*." That is, "five standard medical writers and physicians consider one of our most common and powerful drugs in five different and *contradictory* ways, and, of course, must give it for exactly opposing objects." She also quotes a long list from Pereira, showing that there were many opinions as to the *modus operandi* of mercury, which it is unnecessary to repeat, but she thus winds up. "After reading this, one is not surprised that a medical writer exclaims that the word physician should be defined as 'a man who puts drugs, of which he knows nothing, into a stomach of which he knows less.' In this view I regard the water cure as pre-eminent, because a person under a well-informed and careful physician is *perfectly safe from risks*." A lame and impotent reasoning! How logical, that cold water may be dashed over the feeble and delicate, or gulped by the barrel, without danger, because medical men have different views respecting the operation of certain remedies, and the peculiar vital action which results in cure. We think the fair judge made good use of her long abode among the mountains, and consulted the Doctor's library to excellent purpose, since it has resulted in such wisdom. A little practical knowledge would have convinced her that by the bed-side there is far more uniformity of opinion as respects treatment than she has supposed, among well-informed practitioners, and that although they may use different remedies, the same end may nevertheless be accomplished. One physician might prefer to bleed in an apoplexy, another to use croton oil, another the cold douche to the head, another mustard to the feet, and still another might use them all. Here we have different remedies, all operating in a different manner, yet each tending to cure. Are medical men fools because all do not rest upon the douche, neglecting the advantages of the others? But suppose physicians do differ as to the *class* of a remedy, whether a sedative or a stimulant; what has that to do with its operation? Observation settles that, not theory. What matters it, if lunar caustic is applied to an inflamed surface, whether it is *called* by one name or another? There is no intrinsic character in a drug, making it one or the other; it is its relation to the vitality of the body. If inflammation be excess of action, then we call the caustic a sedative; if it be loss of action, then we call it stimulant; and sometimes we name it one thing and sometimes the other, in the progress of a case. Physicians look upon disease practically the same, though their remedies may be applied under different designations, making in reality far less discrepancy than quacks and their dupes are willing to believe. The tact and experience of one physician may suggest a remedy which would not be preferred by another. But this is a thing of hourly occurrence in the every-day concerns of life. One prefers to travel by the steamboat, another by the rail road, and another may prefer to go on foot; yet all may find themselves finally at the same point. Moreover, similar diseases in different countries, and often in different parts of the same country, present points of disagreement both in their symptoms and the treatment which those symptoms bear. Are physicians fools because they do not perfectly agree? Is ex-

perience good for nothing here, but excellent in hydropathy? If it is, is not that of two thousand years' growth better than that of twenty years? Nor are medical men to be ridiculed because they have not theoretically settled to their own satisfaction what is the essence of disease, since life itself is known only by its operation; just so is disease, which is but an altered state of vitality, whether we call that state one of exaltation or depression. The name given is practically of little importance, provided it gives indications clear enough to suggest an appropriate remedy. But is *hydropathy* to throw any light upon this subject? Alas! no; since cold water is considered by some a *sedative*, by some a *stimulant*, and by others *both*, according to the state of the system, which puts water in the same category with those dreadful poisons. Does discrepancy, in the opinion of Miss B., make calomel dangerous and opium dangerous and to be avoided, and yet have no effect on water? Truly, by the same judgment, that also must fall. Moreover, respecting the use of this fluid, I may say, in passing, that there are heads as wise and respectable as her own, who look upon *cold water* as dangerous to the system and prefer to use it in the form of *steam*; and if numbers are of any weight, hydropathy would quickly kick the beam. Thus much in attempting to prove the water cure harmless, by proving drugs dangerous. But hear her a little further. "Those who have witnessed the astounding, and, in some cases, *apparently* alarming effects of this treatment, never would recommend any person to attempt it, in any serious cases, except when within reach of a physician of experience in this mode of treatment. And since I have been here, I have become convinced that the use of the shower bath, which is becoming so very extensive and common, often involves far more hazard than most persons suppose." Really, the writer of that makes out hydropathy to be more hazardous than even we had suspected. We shall hardly dare to touch a wash-hand basin without, according to her advice, giving Dr. Wesselhoëft the symptoms. We are inclined to think that Miss B. has witnessed some consequences at Brattleboro', or elsewhere, which she would not exactly like to have known. It is a little curious to see the word *apparently* italicized, as if the effects were appalling only to appearance, even while at the same time she is endeavoring to prove that they are so sometimes in reality. Why, if this effect is only *apparently* manifest, is there any need of a physician standing at the elbow, and that, too, a physician of more than common skill, unless the *apparently* is apt to be changed into the *really* alarming?

The writer herself has candidly explained all the advantages of the water cure: they are "the rigid observance of diet, pure air, pure water, hard beds, well-ventilated rooms, vigorous exercise, regular hours, freedom from intellectual labor and exciting emotions;" and we have no doubt that these would cure the greater part of the nervous, irritable, dyspeptic and gouty, who visit those places, whose constitutions have been shattered by inactivity at home, or by intense application to business, or have been rendered irritable through the ennui consequent upon wealth, without the aid of the "frequent bathing," which she has also

added. Probably equal good would be elicited by a ramble over the Cattskill, and a regular air bath on its mountain top, at sunrise. Our amiable friend wonders that physicians do not more insist upon their patients observing the laws of hygiene. We answer, that so far as considered absolutely necessary, they are insisted upon; but that generally such rigor is not needed; and if it was, as respects those who frequent watering places, such rules would not be perfectly obeyed. They, for the most part, belong to a class dissatisfied with everything, and who run from one system to another, and from one extreme to its opposite. There are multitudes who would not follow their physician's advice, yet who could, nevertheless, swallow the potions of the empiric with all the complacency in the world, or submit to any treatment he might recommend, no matter how difficult or expensive. Such have the organ of wonder largely developed, and at an earlier day would have been found fighting strenuously for witchcraft.

The poor sufferer must be very much obliged for the information Miss B. has communicated, since a "*long time*" is generally required to be relieved. "Probably the average is from six months to a year, while it is impossible to predict the time of cure." Physicians must succeed in a few days, or *their* patients are off to somebody else, to undergo probably the same treatment; while one or two years are demanded by this wonderful practice. How very consoling!

Miss B. gives us an abundance of good reasons why everybody does not get well under the water cure. They go off too soon; they become poor, and are glad to save their pantaloons after losing everything in their pockets; they *will* be treated, in spite of all Dr. Wesselhæft can do to prevent, and, of course, die. She goes on to caution new comers in these words—"In all cases the first effect of the treatment is a sudden invigoration of the system and relief from bad symptoms, awakening the hope of a speedy cure. After a month or two, or *more*, this is followed (in many cases, but not in all) by a discouraging prostration and agitation of the system, sometimes attended by boils and other eruptions, and sometimes by hemorrhages." These she hails as harbingers of cure, and says, "*they never, except from mismanagement, produce fatal or permanently injurious results*;" intimating that they do sometimes, without peculiar care. One would think, certainly, from this statement, that there was a great deal of risk, in spite of our champion's boldness. These symptoms, the proof of an impoverished blood, and a system broken down by this diluting treatment, would make any careful and really competent physician feel a little uneasy about pressing matters further. Perhaps this is the critical moment when other help is called for, as now to be explained. She mentions a little fact, which of course is not very important in the eyes of the fair writer, but of some little interest to the public, and thus goes on—"In regard to the use of medicines, at this institution, two physicians, bearing the diplomas of European universities, and professing to understand both allopathy and homœopathy (as all are required to do in most German universities). I have myself seen using both modes of medical treatment, in cases where drug medi-



cines" (which she puts in contradistinction with the drench medicine) "were considered desirable as aiding and hastening the work of the water cure. And my confidence cannot but be greater in physicians who have studied *all* the various theories, &c. &c."; that is, medicines are given to cure, and the water cure takes the credit; exactly so, we understand it, though one would suppose, after what she has said upon "*drugs*," she would have a wholesome fear of them. We are therefore to suppose that Dr. Wesselhœft knows better than anybody else their nature, and what they are put into. We would, moreover, add, that the physician who seeks Miss Beecher's practice, must certainly be an extraordinary genius, for it would require no little time to learn even the names of all the systems now in existence, and those which have been, much more the thousand particulars in each, on which alone success depends. A word, in passing, respecting the requirements of European universities. We can hardly credit the statement that a knowledge both of allopathy (that is, the practice of medicine) and homœopathy is required at any medical institutions, except homœopathic schools. Certain it is, that one might as well look for the bones of the prophets as for homœopathy in Paris, the great centre of medical literature, and formerly the flourishing abode of Hahnemann himself and a crowd of followers. We would say, however, that in one sense the two systems *are* taught in most European and American universities, but that homœopathy is dismissed not very honorably with few and very laconic remarks, but yet quite enough to explain all its merits.

The article now winds up with the advertising part, viz., that Dr. Wesselhœft is a dear good man, that he is remarkably *sagacious*, *honest* and *benevolent*, and that *his* water establishment is superior to any other in the country (Miss B. having, probably, tried the merits of all). We certainly wish Dr. Wesselhœft all the success the water cure merits; and probably *his* establishment is as good as anybody's else where diseases are flooded out as woodchucks from their holes, and he as worthy as most foreigners who come from nobody knows where or for what; but we object to this universal application of *any* remedy, particularly when long and extensive experience in the practice of the ablest physicians of this and other ages has proved it limited in its powers, and sometimes deadly in its effects. If any advocate of the water cure doubts this, let him read the coroner's decision respecting the case of Richard Dresser, treated hydropathically, and suddenly destroyed. The report will be found in the London Lancet, New Series, Vol. IV., No. 2. This is but one of a multitude of cases which are to be found in turning over the pages of our journals (though by far the larger part must escape notice), and should be a warning to the public not to reject the advice of those whose duty and pleasure it is to warn against the thousand dangers to which life is every moment exposed, and of which one of the greatest is quackery, even though it may be supported by talent and money.

Let it not be understood that I cherish any ill will against the worthy woman who heralds herself a convert to the water cure. I have none; and as a friendly advice to her and the Reverend gentlemen whose

names are appended to pill-boxes and nostrums, hope I may be permitted to say, they add very little to their own dignity by thus doing, and lessen their influence with the public, the more sensible part of whom know, that on matters concerning which they know nothing, their opinion is of the same value with that of the most illiterate peasant. We hope, therefore, Miss Beecher will not see fit to inform the world what new crotchet she may have in her head, or what new humbug she intends to support; for we can assure her that it is of vastly less importance than she supposes, though it will be taken for granted that, with her, as with many others, any new one will be received with favor. Time, which has sunk in oblivion system after system of quackery, sustained, as they each undoubtedly were, by an array of amazing smart women, and good men, but whose wits had not been trained to the thorough investigation demanded by the subject, and whose unstable minds jumped from one error to another, as truth overthrew their foothold on the last, will in like manner treat this new birth; and the high-sounding paragraphs written in its favor, will serve only for a mortifying topic of reflection in after years.

GALEN.

#### THE INHALATION OF AN ETHEREAL VAPOR TO PREVENT SENSIBILITY TO PAIN DURING SURGICAL OPERATIONS,

To the Editor of the Boston Medical and Surgical Journal.

SIR,—That which has always been a desideratum in surgery, seems, at length, to have been discovered. And if the effects of the agent or agents be such as has been reported, of which there is little room to doubt since the appearance of the article in a late No. of your Journal, by Dr. Bigelow, Jr., every one who has any sympathy for human suffering must rejoice in the discovery; and all who are called upon professionally to perform painful operations must feel desirous to avail themselves of the means of diminishing or destroying that state of consciousness which recognizes all violence done to the sensitive tissues of the body, while such operations are in process.

But it appears, from numerous statements, and through your correspondent, Dr. B., who speaks with much authority on the subject, that the article used is a secret, or patented affair.

Now the enlightened and regular medical faculty of Massachusetts (as well as of other parts of our country), are associated and have arrayed themselves against all secret remedies, or patent medicines, and this for the just and laudable purpose of protecting the community, as far as might be, from imposition, and of preserving the integrity and standing of the profession; they cannot, therefore, feel themselves at liberty, as I judge, to seek aid for their patients through the adoption of such articles and means.

If I wish to furnish those by whom I am called upon to operate in painful cases with the relief which this new discovery may afford, I am told I must obtain it and use it as a secret, or purchase the patented arti-

ticle and employ it as such. But I ask why? It is said to be, by those who really do, or who assume to know what it is, the vapor of sulphuric ether only. This was judged to be the agent by several who witnessed some of its earliest public exhibitions under the hands of Mr. W. T. G. Morton. Dr. E. R. Smilie, of this city, with all due candor and liberality, has given, in your Journal for Oct. 28th, an account of his experience with sulphuric ether and opium, the effects of which he says are similar to those produced by the "*new gas*."

The free use of the article has been ceded to the surgeons of the Massachusetts General Hospital, and these gentlemen would receive it or adopt its use, on no other condition, of course, than that of knowing what it was, and having the full and free control of it for that institution. Hence, I ask, why, if I wish to avail myself of any of the possible effects of an article of our materia medica—an article which I have administered to patients hundreds of times, which I have often swallowed, and have inhaled till I was all but lost in sleep—why I must now purchase the right to use it, and use it as a patent medicine.

But we are still told that *it is patented*. What is patented? A power? A principle? A natural effect? The operation of a well-known medicinal agent? I doubt the validity of such letters patent. It would seem to me like *patent sun-light* or *patent moon-shine*.

To my mind it seems unfortunate, to say the least, that the discovery has not been brought to public notice in a different manner and under different circumstances. And I am sorry that Dr. Bigelow, in his article above mentioned, has attempted to apologize for the arrangements which he says have been made by Dr. C. T. Jackson as one of the parties, to secure by patent the control of a medicinal agent like the one in question. The doctor seems to feel very fully his position in relation to this point, when he says,

"For various reasons, discoveries in high science have been usually rewarded, indirectly by fame, honor, position, and occasionally, in other countries, by funds appropriated for the purpose. Discoveries in medical science, whose domain approaches so nearly that of philanthropy, have been generally ranked with them; and many will assent with reluctance to the propriety of restricting by letters patent the use of an agent capable of mitigating human suffering."

Of the three reasons which he offers as worthy of consideration in this behalf, two are, to my mind, entirely without force sufficient to be any excuse for such a measure; and the total incorrectness of the main part of the third, must be apparent to all who are at all acquainted with the subjects on which it is made to bear.

"1st. It is capable of abuse, and can readily be applied to nefarious ends."

If, however, the right is to be sold, and every opportunity is to be improved to *make money* of it, and all may buy who please, I do not see how the abuses to which it may possibly be put by evil-minded persons are to be restricted by a patent. And any one vile enough to use such an agent for nefarious purposes, would not stop to ask about his *right* to do so.



"2d. Its action is not yet thoroughly understood, and its use should be restricted to responsible persons."

Who are the most responsible persons to be trusted with this agent? All will assent, no doubt, that they are such as are most likely to be acquainted with the properties of the article, with the nature of those unpleasant symptoms which *may* occur from the use of it, and have occurred in certain constitutions, and with such antidotes or remedies as should be used if required; or, in three words, regular physicians, surgeons and dentists. And I am at a loss to see why the use of the discovery would not be as safe in such hands as in those of "*the proprietor*" so called.

"3d. One of its greatest fields is the mechanical art of dentistry, many of whose processes are by convention, secret, or protected by patent rights."

Who is there that bestows a thought on the subject, who will not see at once, that this narcotizing process of inhaling the ether has nothing to do with the *mechanical* operations of dentistry, but only with those which are strictly surgical, those which Dr. B., in speaking of the importance of this process, couples with *amputations*.

As to that part of this third apology, which charges dentistry or its professors with holding secrets, by convention, or by the security of patent, I must view the writer as being entirely in error; for if there is truth in the charge, I cannot find it. I do not know of anything which is practised in dentistry, in our own country, even relating to the mechanical department, which is kept secret by or from the duly educated dentists. [How this is with the host of ignorant pretenders, and advertising impostors, I know not.] And with regard to a patent for any process in the art, or even for an instrument, I do not know that such a thing exists, nor am I willing to believe, without greater evidence than the doctor's assertion, that a patent can be found that has any especial bearing on the subject of dentistry.

I have been asked, by a member of the Massachusetts Medical Society—a respectable and excellent dentist of this city, what I intended to do about using the "new gas," stating that he had used it and knew what it was, and when questioned by me directly, did not hesitate to say, "it is simply sulphuric ether"; but added, "the discovery is patented." My reply to him was, "I shall not obtain and use it as a *secret medicine*—I shall not purchase and use it as a *patent medicine*. If it is simple sulphuric ether, and it will produce the desired effect, I shall use it, and so will others who wish to do so." If it is a compound, as still advertised to be by Mr. Morton, it is said to be ceded to the surgeons of the Massachusetts General Hospital. These gentlemen, it is to be presumed, will not consent to hold it as a secret or patent medicine; and if known to the medical students who are privileged to attend that institution for the purpose of acquiring information and obtaining instruction in all that is done there pertaining to their profession, no one, as I judge, can rightfully restrict them from using what is there used for the relief of suffering humanity; and it will become, as it ought to be, free to all who should be trusted to do good with it, or who can receive relief from suffering by it.

To patent it would be, what it would have been for the immortal philanthropist Jenner to have patented vaccination.

These, Mr. Editor, are some of my thoughts on the subject ; and if I am in error for holding them, or for thus giving them to the public, you are able, no doubt, and will be ready, to set me right. J. F. FLAGG.

No. 31 Winter street, Boston, Nov. 23d, 1846.

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#### DR. C. HALL ON THE FEVERS OF THE CHAMPLAIN VALLEY.

[Communicated for the Boston Medical and Surgical Journal — Concluded from page 358.]

I HAVE suggested that the fevers of the Champlain valley are mostly of the congestive and inflammatory character, and require prompt recourse to the antiphlogistic treatment. Though this, in the abstract, be true, fevers are nevertheless so modified by circumstances as to forbid any precise rule of practice. Yet all our febrile diseases, it is believed, demand depletive remedial means of some kind ; and among these blood-letting occupies a conspicuous place—a remedy potent in skilful hands, but liable, in common use, to be misapplied, or used in excess. Like other valuable reagents, it has been applauded or condemned in proportion as it has been followed by favorable or unfavorable results. To secure its benefits, therefore, the utmost caution in its administration seems to be required. For, unlike the effects of many other therapeutic agents used in excess or wrongly applied, the recuperative powers of the system repairing the injury, the abstraction of blood might result in irreparable loss of power, which no counter force could make up. In view of this, it may be well, in the outset of fevers, where no prominent motive for bleeding is indicated, such as decided local pain, hardness of pulse or special determination of blood to the head, to resort first to other depletive means—trusting to an emetic followed by a full dose of calomel, to accomplish the object. These, in many instances, from their revelent effects, as well as emptying the stomach and bowels, have apparently overcome capillary congestion and determined the blood to the surface—thereby removing congestion, the proximate cause of inflammation.

This mode of depletion has sometimes succeeded where venesection seemed to be demanded at first. Yet at other times, under similar indications, it has failed ; the pain, at first shifting and uncertain, becoming afterwards concentrated in some vital part, setting at naught all therapeutic efforts. In such cases, much depends upon discriminating tact, in view of all the diagnostic indications, in regard to the propriety of abstracting blood. The writer deems it the safer course, under doubtful circumstances, to let blood in the congestive stage of the fever, having had occasion to regret its neglect, in many instances, where venesection seemed to have been fatally omitted.

Popular prejudice, in regard to bloodletting, has its baneful influence in the treatment of fevers, as well as other prejudicial agencies. One untimely and unfortunate application of the lancet, might lead to irrecoverable mischief, from popular impulse, by its subsequent disuse when really

needed. This influence might prove too strong for the modest practitioner to pursue the line of his duty; and the patient die for want of bleeding. Though laying no claims to modesty on my part, I am free to confess that I have been placed in this predicament. My greatest regrets, in treating the "erysipelatous fever" of 1842, arose from having neglected to bleed when my private judgment pointed to this remedy.

On being called to the sick, these points of inquiry naturally present themselves:—What are the habits of the patient? What is the type of the disorder? And what the pathology of the circulation? And relying upon these premises, the principal object to be attained is the free state of the lungs and arterial system. If these organs labor to overcome capillary congestion, more blood being received into the capillaries than can be circulated through them, ordinary cathartics and diaphoretics proving ineffectual (these being resorted to generally before the physician), how is the barrier to be removed? Why, sound philosophy, as well as common sense, would dictate that it is to be done by abstracting a portion of the "vital fluid," the "crûor sanguinis," the "fibrine of the blood," if you please. By thus reducing the volume of blood, freedom is given to the reduced quantity, the engorgement being lessened; and the circulation becomes equalized. When this is done in due quantity and in time, revelents, diaphoretics, rubefacients, and counter-irritants, may be applied with effect. Although there be a reduction of the fibrine, still if the fever be inflammatory, there is, according to Andral, an increase of fibrine, which for a time will continue to increase in spite of venesection."

This mode of depletion, in my hands, has appeared to sustain the theory. Yet I have witnessed better results from repeated small bleedings, than from a copious abstraction of blood at once; and still better where it has been by scarifying and cupping. By this method there appears to be something gained, aside from the reduction of blood. It seems to have a special influence in taking off the stricture of the capillary vessels, and diverting the circulation from the suffering organs to the skin. Illustration—Mrs. M., a woman of sanguineous temperament, a widow, and mother of several children, aged 36 years. At each periodicity her lungs became congested, eyes bloodshot, face purple and suffused, attended with spitting of blood. Her respirations were labored and nearly suffocated, pulse feeble and small, extremities cold and benumbed, the stomach rejecting everything taken into it—the groans and other indications denoting fatal suffocation. As general bleeding was impracticable, and external warmth and rubefacients ineffectual, as a last resort I applied the scarificator and cup to the point of the greatest heat, being the pit of the stomach; and although scarcely a tea-spoonful of blood was abstracted, decided and instantaneous relief followed. The pulse came up, heat returned to the skin and extremities, purpureal expression removed, no more sighing, no more hæmoptysis, the respirations becoming quiet and the stomach settled. Having at various times attended the same woman under similar circumstances, without being able to afford any essential relief, the patient, after several days of extreme



suffering, partially recovering, I was perfectly surprised at this sudden effect. On removing the cup, after a little time, the suffocating effects returned with all their intensity. But the simple cup, without scarifying, produced the same instantaneous relief as at first; and did so ever after this, on a recurrence of the affection. And although this tendency continued at such periods, there was no longer any occasion to call a physician; the dry cup was at hand, the only remedy required to remove the congestive effects and turn the blood into its natural channels.

Dr. Metcalfe's views of bloodletting are presented in the light here indicated, though, as a general rule, he is opposed to the practice. Yet he admits there are circumstances which require prompt reduction of the blood, and the immediate relief afforded, he considers, supports his favorite theory of sanguification, as giving freedom to the function of the lungs, the source of bloodmaking and the generation of caloric.

Neither time nor space will permit me to dwell upon many of the therapeutic agents in use for the cure of fevers. In the limits given to an address of this kind, it becomes expedient to be brief, and let our remarks on remedial means be confined to the most prominent.

Mercury being a remedy of this class, and one that has been bandied about by popular prejudice and public obloquy, it will be necessary to remark somewhat upon it. Although it is admitted that ill results have sometimes followed the administration of this agent, yet I unhesitatingly come out in its defence, and give my feeble testimony in its favor, having seen more decided curative effects from this article than from all other reagents in the *materia medica*, laying this aside. Mercury is not only abused by public clamor, but often by its ill-judged management. It is its misapplication, not the medicine, out of which the main evil arises. It is repudiated by some of the faculty as not carrying out the old hack-nied theory of its operation, that of overpowering diseased action by instituting a new, and the weaker giving way to the stronger; both acting, it being apparent, at the same time, and holding out together, without either yielding. Though this may be the case in some instances, the salts of mercury are nevertheless found, by experience, peculiarly effective in the cure of the fevers incident to this valley. Watson considers calomel as decidedly instrumental in preventing and removing adhesive inflammation, by obviating the effusion of lymph and promoting its absorption. We also learn that calomel, added to venous blood, imparts the qualities of arterial, and is thence viewed as "equivalent to an increase of oxygen." If such be its chemical result upon the blood, it tends to lessen, it is evident, the increase of fibrine in all inflammatory affections, and favors the fluidity of the blood—thereby facilitating the circulation. This theory makes it plain that this medicine is not well adapted to diseases of increased nervous excitability—such as scrofulous affections, neuralgia, &c. But to the fevers attended with vascular congestion or inflammation (characteristics of our lake fevers), it is a valuable reagent.

Although there appears to be a striking analogy between the effusion of lymph and the formation of tubercles, mercury is found not as effec-

tive in removing the latter as the former. Lymph is usually lodged on the serous surfaces, whilst tubercles are deposited in the glands, parenchymatous substances and mucous membranes, though no tissue is exempt. Tubercles not being incorporated with the structures, these being merely displaced, to give room, as it were, for these tumors, become as foreign bodies in the textures where they are lodged; hence they are not directly acted upon by the absorbents; whereas lymph being firmly attached to, if not incorporated with, the tissues, is within the reach of these vessels.

In regard to opium in the treatment of our fevers, there are, perhaps, certain cases in which it is useful; but my experience tells me that it is not often indicated. I have long since witnessed its morbid results, and have learned to place less reliance upon it now, than formerly. Opiates, it is true, are often important auxiliaries in the treatment of some kinds of disease; but alone, they seldom produce any lasting benefit. They may control a cough or check a diarrhœa, but generally fail to cure either.

One other article, important in the treatment of lake fevers, it may be proper to notice, viz., the sulph. quinine. This medicine is resorted to under various circumstances, and its happy effects witnessed. In the incipient stage of fevers, conjoined with calomel or the blue mass, it has appeared instrumental in cutting short the fevers of this valley, especially influenzas. Although physicians at the south-west are in the habitual use of this article in scruple doses in curing the fevers of the climate, yet it is seldom administered in this region beyond three or four grains at a dose. In continued fever, the same favorable results from the quinine are not manifested as in its forming stage, or state of convalescence.

## SURGICAL OPERATIONS WITH THE AID OF THE "NEW GAS."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The two following cases, occurring in my practice the past week, are of interest as supporting the claims to confidence of Dr. Morton's anodyne compound.

CASE I.—Nov. 19th. An Irish girl, under 20 years of age, in attempting to step into the cars at Hamilton, while they were in motion, fell, with her arm upon the track, and had a compound, comminuted fracture at the elbow, from the wheel of the car. At about 9 in the evening, I amputated in the middle of the humerus. The operation lasted a little longer than if done by daylight, although it was a flap operation and quickly executed. Three vessels were tied. Dr. Fisk, dentist, of this city, accompanied me and caused the patient to inhale the vapor of the compound, about three minutes before the operation commenced. By this time she appeared to have yielded entirely to its influence, and became pale, silent and perfectly passive and manageable, whereas she had before exhibited evidence of great physical suffering and uncontrollable grief. Before the arteries were all tied she appeared to be returning to consciousness, when, on offering the apparatus to her mouth, she seized

it with avidity, respired rapidly, and soon seemed to relapse into the unconscious state. It was thus renewed four or five times before she was placed in bed. Her own statement is that she suffered no pain during the operation, that she was asleep, and when she awoke she breathed again of what was offered to her and fell asleep again—that she remembers to have done this three times. She says she did not know what we were doing to her, but in her sleep she thought she had got a reaping-hook in her arm, and that she heard the noise of sawing wood. She says she was not sensible of anything till she was laid in bed, when she became quite talkative, and evidently somewhat excited. She slept some hours during the night. On dressing the stump on the third day, she made a violent outcry at the slightest pain. I was convinced that her statements with regard to her freedom from pain during the operation, were to be believed.

II.—Nov. 21st. An intelligent tanner, about 30 years old, had, with a fracture of both bones in the middle of the left leg, his ankle crushed by the cars engaged in building the Salem and Methuen Railroad. I amputated the leg just below the knee. The patient respired the vapor under Dr. Fisk's directions. He says he was not conscious of feeling any pain—and after the operation was finished and the ligatures applied, his consciousness returned, and, with great apparent sincerity, he asked *if his limb was taken off*. He says, though he felt no pain, he was conscious of the presence of those around him, and he was obedient to the directions given him. The operation was performed at about 3, P. M., and the stump was dressed at about 9, when, he says, the pain of a few sutures far exceeded that of the operation.

In both these cases the pulse became somewhat accelerated after the operation, the countenance assumed a vacant expression, although in the first case there was working of the brows, and the pupils were dilated. They both appear to be doing well, and exhibit no symptoms worthy of note.

Respectfully yours,

Salem, Nov. 24th, 1846.

A. L. PEIRSON.

*Postscript.—November 25th, 1846.*

Yesterday, I made further trial of the ethereal vapor, upon a middle-aged female, from whom I removed an adipose tumor, by an incision four inches long over the clavicle and scapula. She was an unimpressible subject, and was less perfectly under the influence of the vapor than the others, but she was entirely bewildered and not able to realize the nature of what we were doing to her. She was much more quiet than patients usually are, although the dissection was somewhat protracted, by the dipping down of the tumor into the supra spinal fossa of the clavicle, and confinement by fascia. She says she felt no pain, and did not evince any perception of the puncture of the needle in dressing the wound—a sensation which usually calls forth complaint, as it is commonly unexpressed.

It needs, no doubt, still further careful observation of its effects, to establish medical confidence in the new remedy, a confidence which must



be of slow growth. From the results I have seen at the Massachusetts General Hospital, and in my own practice, I am led to expect the following advantages from its exhibition.

1st. Uniformity of its effects, unlike any mode of intoxication by stimulants in the stomach, or respiration of nitrous-oxide gas. My three patients were as unlike in age, temperament, and habits, as could well be imagined, yet all exhibited the same appearance of passive endurance.

2d. There was no instinctive or voluntary resistance, which is so embarrassing to an operator. This, next to its power of preventing the perception of pain, is the greatest merit claimed for it.

3d. The securing the patient from the severity of the great shock which a capital operation inflicts on the sufferer. It was quite noticeable, in all the patients I have seen, that there was none of that extreme depression which sometimes follows a severely painful impression on the nervous system.

4th. Its effects pass off rapidly, and, as far as I know, no bad results follow.

5th. It can be repeated several times during the operation, except the mouth or jaws are the parts to be operated on. The repetition of the dose is always sought by the patients with avidity.

6th. The last and most important of its effects, is, that it either wholly annuls pain, or destroys the consciousness of it, so that it is not remembered; and thus the sentiment of fear is wholly obliterated. The patient appears to have been dreaming, and in the second case said that "he was in a distinct existence" (i. e., distinct from his former experience), thus illustrating the theory of double consciousness.

These are recommendations enough to ensure it a fair trial among the humane and enlightened members of our profession, and for their decision we must wait, and by it be governed in its future use. Dr. Morton and Dr. Jackson, at least, are entitled to the hearty thanks of the profession for their discovery, and the liberal manner in which they have offered it to all the subjects of surgical operations, both in and out of the Hospital. If some hunter up of obsolete theories should prove that such a thing had before been thought of, or tried, still these gentlemen are entitled to the credit of having made it, for the first time, perfectly available to the suffering, and submitted it to the test of those competent to decide on its merits, without being content to rest its pretensions on non-professional credulity or popular notoriety.

A. L. PEIRSON.

*Salem, Nov. 26th, 1846.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 2, 1846.

*Medical Movements in the Western Part of Massachusetts*—Report says that the National Medical Convention is exceedingly popular every-

where but in Boston. A movement is contemplated in some of the western counties of Massachusetts, to organize and send delegates, without asking leave of the State Medical Society. It is a pity that there cannot be some concert in this matter, and the delegates be the messengers of the Society, instead of representing a disconnected body of professional gentlemen, who have the independence to think differently from the course prescribed to them by those who disapprove of novel movements—who never liked the European Congresses, and who have no idea of aiding or abetting in this illegitimate scheme of consulting together upon the medical affairs of the United States.

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*Medical Education in the United States.*—An address was delivered by Alfred Stillé, M.D., to the students of the Philadelphia Association for Medical Instruction, at the close of the session in 1846, which is something more than a common-place production. It must have been gratifying to Dr. Stillé, that a committee solicited the manuscript for publication, and it redounds to the credit of the class that the merits of the discourse were so generally appreciated. It is, in a measure, a historical account of the time required to study medicine in the old institutions of Europe and America. We learn, by a closing observation, that in the United States, with a population of 20,000,000 of people, there are about thirty medical schools, in which there are probably an average annual number of 4,500 students—1,300 of whom are yearly graduated. In France, with a population of 35,000,000, there are but three medical schools, which graduate only about 700 annually! No wonder there is such a prodigious competition for professional existence.

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*Berkshire Medical Institution.*—The commencement exercises of this flourishing institution, held on Wednesday, the 11th of November, attracted a large and highly intelligent auditory. The anniversary discourse, from the Rev. Dr. Humphrey, on “the necessity of the virtues of *industry* and *punctuality* to professional success,” was replete with valuable suggestions, and fully sustained the high reputation of the author. The address before the “Berkshire Medical Association,” by Dr. Rockwell, of Lee, one of the Alumni of the College, upon “Medical Association as connected with the elevation of the Profession,” was an able and timely production, and was listened to with marked interest. The degrees, to the number of 33, were conferred by the President, Prof. Childs, with a brief and appropriate address. The class in attendance on the session just closed was larger than any previous one, numbering 149.

The honorary degree of M.D. was also conferred on the following gentlemen:—Dr. Alden Skinner, of Conn.; Dr. Vincent Holcomb, of Mass.; Dr. Rhoderick Royce, of N. Y.; Dr. Thomas O. Benjamin, of N. Y.

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*Medical Circulars and Catalogues.*—On the 16th of February the lectures in the Medical School of Maine will commence. The library and cabinet are excellent, the fees reasonable, and the professors devoted to the interest of those who attend at the institution. We observe that Dr. Lee, of New York, delivers the course, the ensuing term, on *Materia*

*Prices of Books.*—An esteemed subscriber and correspondent in the State of New York has suggested to us the propriety of publishing the prices of the new medical books which are noticed in the Journal, as well as surgical instruments, &c. He says it would be gratifying to a majority of the subscribers, as it is always agreeable to a reading man to know how much expense must be incurred to indulge himself with the profitable stimulus of a new work. This is all very natural, and we perfectly agree with our friend in the advantages which would accrue to readers by the adoption of such a plan, if the aid of booksellers and others concerned could be obtained in carrying it out. Yet we find this cannot be done, nor can we otherwise adopt the plan without the risk of appearing to favor the interest of some particular establishment, to the injury of others. We regret to say, therefore, that the project referred to must be considered for the present as impracticable.

*Material for Dissections in New York.*—"A looker on in Venice," in New York, writes that "A speck of war, in the medical horizon, has recently been discovered in this city, which has furnished a topic for not a little amusing diplomacy. It seems that in the circular of the Faculty, from the city University (in Broadway, above Bleeker street) the resources of *material* for practical anatomy are somewhat magnified, and to give students the hint of their superiority in this department to 'schools of medicine in almost all parts of the country,' the Faculty boast that they have laid a mortgage on the 'large surplus' heretofore exported to supply distant schools, and somewhat grandiloquently claim a monopoly in the premises, by intimating that they have 'drawn the attention of the municipal authorities' to the subject, and put 'an end to the trade' and traffic, whence they aver that heretofore the said schools of medicine have been supplied. This harmless circular, which is all very well in the way of a puff, has aroused the ire of the Faculty of Geneva College, who have forthwith entered the arena to dispute the announcement of the New York Faculty, denying the facts stated in their circular, and characterizing the alleged participation of the municipal authorities of the city as a fiction, and hence charging 'an assumption of power and unprofessional conduct' upon the Medical Faculty of the University in New York. Whereupon, after sundry passes in diplomatic duelling between the august parties, the New York Faculty attempt the *amende honorable* by 'owning the soft impeachment' in an official letter addressed to the Hon. Mayor of New York, disclaiming any intention in their circular to implicate the city authorities 'directly or indirectly,' in their boasted facilities, or to imply deficiency of *material* for dissection in 'any other medical institution.' They also ask the concurrence of his Honor the Mayor in the propriety of withholding any explanation from Geneva College until their 'offensive resolutions are withdrawn.' Whereupon Prof. Webster, of the Geneva Faculty, issues his manifesto to the profession of the city in a circular containing the documents, and announces that as his Faculty have 'expressed nothing which they can properly retract,' he contents himself with the exposition of the facts, and deprecates 'a repetition of aggressions upon the rights and interests' of his own and other schools hereafter. The war therefore does not seem to be at an end, though to the dis-



interested it seems to be a tempest in a tea-pot, as imbecile as it is unprofession; as impolitic as it is unwise."

*Causes of Urinary Calculi.*—Having had our attention called to a very elaborate, and as we consider learned paper, by Robert Peter, M.D., Professor of Chemistry in the Transylvania University, that first appeared in the Western Lancet, we are glad to know that it is now issued in a pamphlet, and may therefore be extensively circulated. Without especially repeating the whole title of the article, the essential feature in it, and that which is truly most important, the causes of calculi, is taken by us for a caption, and without hesitation, we are frank in saying that Dr. Peter has conferred a lasting favor on the inhabitants of Kentucky and the region about, in which a predisposition to the formation of stone in the bladder is acknowledged to exist; and he has also shown, by this research, that the chemical department of the Lexington School of Medicine is entrusted to a philosopher of enlarged views, as well as a practical chemist, who labors to ameliorate the sufferings of humanity by devotion to his profession.

*Alleged Cure for Croup.*—In the American Water-Cure Advocate, a leading column is headed thus—"Important Discovery to Parents"—which goes on to relate that Dr. Wigand, of Boston, has published a work, in which a discovery is announced that he cures the croup by cold water, exclusively. After a patient examination of the printed catalogue of Boston physicians, and the Directory for 1846, the name of Wigand has not been found. Yet this name is passed round the ring in the country, for authority in a particular line of practice. If a book has actually been written by this celebrated croup curer, it has made no sensation here, however much it may have moved the waters in Ohio. The locality of the author may be in the neighborhood, perhaps, of the *Mesmeric College*, that was gravely asserted, last season, by distant newspapers, to have been organized in *Billerica street!* of which the very wonderful and very surprising Dr. Dodd was both president and professor. This same Water-Cure Advocate speaks in raptures of the Green Mountain Spring, by D. Mack, as an ably-conducted journal—which is certainly a discovery, since he is the only person who can speak thus and keep his countenance.

TO CORRESPONDENTS.—The continuation of Dr. Bethune's cases has been crowded out this week by prior articles and by matter which is claimed to be of more immediate interest. J. H. S. on Mesmerism and Clairvoyance in New York, Dr. Reed's reply to Dr. Gillett, and Dr. Dana, of Boston, on Mesmerism, have been received. Other papers, before acknowledged, will be inserted as soon as space can be found for them.

MARRIED.—At Northampton, Mass., Dr. Porter Underwood to Miss M. C. Abell.—In Charlestown, Mass., Albion P. Chase, M.D., of South Abington, to Miss Ellen R. Yale, of Charlestown.

*Report of Deaths in Boston*—for the week ending Nov. 28th. 43.—Males. 22—females, 21.—Stillborn, 3. Of consumption, 11—old age, 5—lung fever, 5—convulsions, 2—disease of the bowels, 2—croup, 1—debility, 1—pleurisy fever, 1—accidental, 3—infantile. 1—inflammation of the brain. 1—inflammation of the lungs, 2—bronchitis, 2—marasmus, 1—inflammation of the bowels, 1—apoplexy, 1—teething, 1—intemperance, 1—ulcers, 1.

Under 5 years, 12—between 5 and 20 years, 3—between 20 and 40 years, 12—between 40 and 60 years, 8—over 60 years, 8.

*Colvin's Abdominal Supporter.*—Mr. Bartlett, of Boston, an ingenious manufacturer of trusses, supporters, &c., has brought to our notice an instrument made by Mr. E. Colvin, of Granville, N. Y., which he thinks has some peculiarities that give it a decided advantage over most of the patterns known to that class of invalids who wear them. There is a small steel spring on the front side of the abdominal pad, that acts upon a ratchet in a way to press the under edge at any required angle, so as to make a kind of shelf, as it were, for the bowels to rest upon. The strap by which it is kept in place, passing round the body just above the hips, is no common specimen of ingenuity. It has twelve short spiral springs or India rubber cords, it is difficult to determine which, that always keep the belt snugly fitted. In short, it is a well-made, and promises to be a favorite instrument.

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*Combination of Carbonate of Iron with Sulphate of Quinine in Remittent Fever.*—Prof. Lippich, of Padua, recommends the addition of the carbonate of iron to the sulphate of quinine, in the treatment of periodical fevers. The following is his formula: R. Carbonate of iron, one gramme; sulphate of quinine, one gramme; extract of taraxacum, q. s. To be made into a mass of proper consistency, and divided into thirty pills, two of which are to be taken every two hours. The carbonate of iron may be gradually increased to two grammes.—*Gaz. Med. de Paris.*

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*Medical Miscellany.*—The cholera is making frightful ravages at Medina and Mecca.—The physicians of Lunenburg Co., Virginia, have had a public meeting to elect delegates to the next National Medical Convention. They warmly approve of the objects contemplated.—The Memphis Inquirer says that both the Medical Schools in that city, chartered by the Legislature of Tennessee, the last session, have commenced operations with flattering prospects. How many students has each? Nashville would seem the natural locality—and pray why does not the Medical College existing there theoretically, as a Department of the University, commence a course of lectures?—The Diet of Frankfort has voted 200,000 florins to Dr. Schonbein and Dr. Böttiger, for inventing the explosive cotton—the manufacture of which every one is now copying.—A very troublesome disease of the eyes is now rife in New Jersey—which is probably some form of ophthalmia.—It seems that the War Department may be somewhat annoyed by persons wishing employment as surgeons in the Army. What will become of all the young doctors if some outlet is not found for them?—Dr. Nathan Holmes, of St. Louis, Mo., announces that whiskey, or any other stimulus, freely given till there is a high pulse, will cure the bite of the rattlesnake. He says that he doubts whether fifty rattlesnakes could poison a man when fully drunk.—A colored man lately died near Centreville, Maryland, at the age of 122.—Dr. McNairy, of Nashville, Tenn., was deputed lately to present a vase to Mr. Clay, by the ladies of Tennessee.—The *mystery of nature*, advertised to be seen in Boston, and declared to be the wonder and admiration of the medical and scientific men of Europe and the United States—the right hand representing an eagle's claw and the left a lobster's—is simply a malformation; one hand is furnished with a thumb and one finger, and the other with three—no more resembling the extremity of a lobster's leg, or an eagle's, than the horn of a rhinoceros.

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DR. BETHUNE ON THE DISEASE KNOWN AS MORBID SENSIBILITY  
OF THE RETINA, ILLUSTRATED BY CASES.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 343.]

I HAVE spoken of *over use of the eyes* in reading as a predisposing cause; it is also frequently an exciting one.

CASE III.—*Morbid Sensibility of Retina*.—Nathaniel G., 32. 1837. He thinks he injured his eyes by study in college eight years ago. Three years after this, he had the measles. This was followed by weakness of the eyes, which obliged him to have the room darkened, the eyes bandaged, &c. He says that before the measles, he had scarlet fever, from which he had not recovered when the measles attacked him. During the scarlet fever he was bled several times for pain in the head. He was relieved as long as the faintness lasted, but the pain returned. Since the inflammation after the measles, the eyes have remained weak, but he has had no pain in them except when exposed to the wind, dust, &c. His general health is good. He cannot read for any length of time without pain in the eyes, and this has prevented him from following any occupation. Recommended to apply a blister to the back of the neck, and to keep it open with savine cerate. Also to go on a farm and to give his eyes entire rest.

CASE IV.—*Morbid Sensibility of the Retina*.—Mary H., 24. April 15, 1845. Widow. Health tolerably good. Never had trouble in eyes till two years ago, when, *after reading by moonlight*, was attacked with pain through eye-balls and indistinctness of vision on fixing eyes. Ordered to rest the eyes and use cold applications.

16th.—Much pain since visit. Apply behind ears sol. ant. tart.

19th.—Pain as before. Continue application behind ears.

24th.—Much the same. Continue application, and for cold water substitute brandy and water to bathe eyes. On the 29th was directed, instead of the antimonial solution, to use liniment. ammoniæ with ol. crotonis, and to resume simple cold applications.

May 6th.—Less pain, but complains of "blur" occasionally on looking at objects, with slight heaviness of lids. Apply to lids ol. rosmarini with alcohol. Continue cold applications.

*The irritation of foreign substances*, as dust, &c., may produce it.



CASE V.—*Morbid Sensibility of Retina.*—John E. Thomas, 23. Nov. 21, 1843. Eyes always somewhat weak. Six or seven years ago had a tumor taken from right upper lid. Right eye near-sighted. Six weeks ago, after moving some goods, was attacked with inflammation (from dust) in eyes. Since then they have been quite troublesome on use, though the inflammation subsided in a few days. Pain through balls and over orbits, confusion of the letters in reading, &c. On examination, globes appear somewhat vascular; conjunctivæ somewhat thickened and tumid at inner side of right and outer of left cornea. Three applications of two leeches to each temple. Cath. m. s. al. die, v. d. Cold applications. Rest to eyes.

CASE VI.—*Morbid Sensibility of Retina, with Lippitudo.*—Matilda B., 29. Dec. 19, 1844. Operative in factory. Scrofulous constitution. Eyes weak from infancy. Has never menstruated. For three or four years past has had redness and aching of eye balls. Thinks occupation injured her eyes by cotton dust. For nine years (soon after entering the mill) has been troubled with loss of vision, and aching in eyes on looking at small objects. Has used ointments, washes, &c., with benefit, and eyes are better than they were a year ago.

On examination, the conjunctiva of both eyes somewhat injected, the lashes partly destroyed. Directed to steam eyes with tr. sap. and opii, to apply to edges of lids at night a weak ointment of nitrate of mercury, and to omit her shade.

22d.—Eyes look better. Much smarting from ointment. Omit it and substitute cold cream. Complains of "faintness" at stomach and costiveness. R. Tr. al. et myrrh., tr. lav. c. et tr. gent. c., āā gtt. x., 3 in die.

26th.—Discharged somewhat improved.

*Bodily fatigue*, even where no especial use of the eyes has been called for, I have also known produce it.

CASE VII.—Julia Ann W., 16. April 4, 1843. Health generally good, except that she is subject to costiveness. Never troubled in eyes till last October, when *after riding all night for two or three nights in succession*, was attacked with symptoms of morbid sensibility of retina. Directed a Rochelle powder every other day. Cold water to eyes, and rest, with vegetable diet.

It is often, probably much more often than we suspect, brought about by *moral emotion*. I have seen it, I think more than once, combined with *insanity*, and with other cerebral affections.

CASE VIII.—*Morbid Sensibility of the Retina, with Congenital Tumor of the Conjunctiva.*—Albert E. M., 11. April 30, 1846. Health not good. Appetite poor, bowels irregular, and sleep sometimes disturbed. He wakes up occasionally with "crazy turns," and this is followed by "stupidity," lasting sometimes a week. Is subject to headache. Never complained of his eyes till six months ago, when after much study at night began to have pain and aching in the eyes, with a "veil" and floating spots before them, which symptoms have since increased.

On examination, the child is pale and delicate in appearance. On

the right eye is seen a tumor at outer angle, apparently from thickening of the conjunctiva at its reflection, which he is reported to have had from birth. Nothing else abnormal. Directed one half teaspoonful of powdered rhubarb every other morning, three times, to blister behind each ear, to exercise freely, and to give up all active use of the eyes. Meat once a-day.

March 5th.—No headache. Eyes much as before. Continue same.

12th.—General health much improved. No change in eyes. To bathe them in brandy and water.

21st.—Eyes somewhat stronger. Continue same.

June 4.—Still improved. Continue same.

18th.—Doing well. Cold bath. Continue application.

A very frequent predisposing cause is *dyspepsia*, as in the two following instances, in these cases complicated with pure amaurosis.

CASE IX.—*Amaurosis, with Morbid Sensibility of the Retina, and slight Conjunctivitis of the Right Eye.*—Phœbe Ann S., 31. Dec. 5, 1844. Is subject to dyspepsia. Disease of the eyes is of three years' standing. Troubled by aching of eyes on looking steadily at objects. Has a constant affection of sight, described by her as a "thick fog" before the eye.

On examination, both eyes somewhat injected. Right eye—Pupil rather large and sluggish. Was directed two leeches to right temple every other day. Cold lotion. Five grains of blue pill every other night. Vegetable diet, and rest to the eyes.

16th.—Eyes improved in appearance. Better feeling at stomach. Still a trembling at epigastrium, with poor appetite and costiveness. Less aching in right eye. R. Tr. lav. c., tr. gent. c. et tr. al. et myrrhæ, aa gtt. xx. 3 in die, before eating. (Says the "fog" is less thick, and that the eye was much relieved by the leeches, which she applied twice.) Repeat two leeches to right temple.

19th.—Eye improved. Better appetite, and bowels regular. Feels generally better, and "trembling" gone. Applied leeches as directed. Continue tincture.

21st.—Sight much improved. Dyspeptic symptoms diminished. Still suffers from weakness in right eye on going out in the wind. Complains of pain in the eyes on stooping. Apply a solution of antimony behind ears. Continue drops.

CASE X.—*Morbid Sensibility of the Retina, with Amaurosis.*—Louisa B., woolen weaver. Jan. 20, 1845. Health good till within the last five years. Since then, subject to pain in head, epigastrium and left hypochondrium. Is occasionally oppressed by food. Subject to costiveness, and is troubled by coldness of hands and feet. The eyes were first attacked two years ago. At that time had some soreness of lids, with pain and redness of left eye. The inflammation, after it abated, left the eyes weak and painful. They have since then got worse, and now the sight is good for a moment, but objects soon fade. The pain is more severe in right eye.

On examination, right eye—pupil dilated, fixed, or nearly so. Left

eye—normal, with the exception of some vascularity of conjunctiva and sclerotic. Apply sol. ant. tart. behind ears, and lin. ammoniæ c. ol. terebinth. to spine night and morning. She says that tepid applications are more agreeable to the eyes, and is therefore directed to bathe them frequently in warm milk and water.

27th.—Same. Complains of costiveness. To take a dose of infus. sennæ c., C. tr. rhei, and to apply to forehead sol. veratriæ sat. in alcohol. This patient was at first relieved by application to forehead, but the pain returned soon after. As she wished to go home, she was discharged within a few days after the last report.

The use of eyes weakened by any previous disease may prodece it.

CASE XI.—*Morbid Sensibility of the Retina.*—Maria A. B., 21. Dec. 19, 1844. Says her eyes were always good till about a year ago, while recovering from "typhus." On attempting to read, found that the "letters ran together." She has from that time been affected with this weakness of vision, with occasional pain through the eyeballs. Apply sol. veratriæ sat. above brows. Lotis frigida.

24th.—No improvement. Applied sol. three times. Omit it and use sol. ant. tart. behind the ears.

Jan. 9.—No improvement. Use brandy and water to bathe eyes. The menstruation being now found to be irregular, she was directed to take a pill of aloes c. ferr. sulph. 3 in die. Omit antimonial solution from behind ears.

CASE XII.—*Chronic Ophthalmia, with Morbid Sensibility of the Retina.*—Elizabeth B., 19. June 26, 1845. Health generally good, except *irregular menstruation for one year past*. Her eyes were first attacked six months ago, without obvious cause, with pain, not severe, smarting, adhesion of lids on waking, and *occasional dimness of vision on use*.

On examination, the lids appear somewhat injected and the eyes watery. Directed two leeches to each temple, tepid applications, with the addition of cream to the edges of the lids on going to bed. Vegetable diet.

28th.—No pain since visit. For cream, substitute weak ointment of nitrate of silver.

30th.—Much improved. Continue same.

July 17th.—Eyes nearly well. Has used a collyrium. To continue it.

24th.—Much the same. Still complains of "blur" before eyes. Is using collyrium and cold applications. Omit them and use brandy and water as an application.

26th.—"Blur" less. Continue same.

August 14th. Improved. No pain in eyes, no blur for a week past. (Menstruated this week.) Continue same.

September 19th.—Sight improved. No pain. Has continued brandy and water. Had menses naturally last week. Directed to continue application.



**CASE XIII.—*Morbid Sensibility of Retina. Pain and Weakness of Sight.***—Catharine D., 42, cook. Feb. 1, 1845. Sanguine temperament. Disease came on gradually three years ago. Had at first pain in eyes, and headache, none lately. Ordered vegetable diet. Two teaspoonsful of salts every morning, and the application of a solution of ant. tart. behind the ears till considerable soreness be produced. Cold water to eyes.

14th.—Eyes somewhat stronger. Sight not improved. Omit antimony, and apply to brows a saturated solution of veratria in alcohol. Continue one teaspoonful of salts altero die.

18th.—Much the same. Applied veratrine once. Continue same quoque die.

22d.—Much improved. Eyes stronger and objects appear more clear. Continue applications. Take meat once a-day.

25th.—Doing well. Omit salts. Continue veratrine alt. die.

March 6th.—Not so well for two nights past. To apply to lids ungt. argent. nit. mit., and to use veratrine occasionally, if eyes feel unusually weak.

April 1st.—Applied veratria as directed. Eyes stronger, but sight not improved. Continue veratrine, and use cold affusion to head and upper part of body every morning.

5th.—Headache for two days past from menstruation. Eyes (as usual) *more weak at that time.* Continue veratrine to forehead.

15th.—Much improved. To continue same applications.

**CASE XIV.—*Amaurosis, with Morbid Sensibility of Retina.***—Robert J., 30. Dec. 14, 1844. For twelve or fifteen years health has been feeble. “Weakness of spine,” with outward curvature. Walks with some difficulty. Three years ago, while recovering from sickness, undertook to sharpen razors as an occupation. This, which required a great effort of vision, he continued some time, when he began to have a sensation as if of dirt in the eyes, with a “cloud” before them. This increased, and pain set in, which obliged him to give up work. In this state he has continued ever since, with an aggravation of the disease, and now he cannot raise his eyes without pain. He has used “all sorts of things without relief.” He has generally worn a shade or green glasses. Apply to brows a saturated solution of veratrine in alcohol once a-day.

14th.—Much the same—has used veratrine imperfectly. Admitted to House. Veratrine applied thoroughly. To leave off glasses, shade, &c.

15th.—Felt veratrine all day, and thinks he can use his eyes better. Continue same.

18th.—Head feels better. Eyes stronger. Continue veratrine. To walk out.

Jan. 11, 1845.—Had very much improved in power of using eyes till day before yesterday, when disease returned much as ever. Omit veratrine for the present.

15th.—Much the same till a few days ago, when resumed veratrine with some benefit. Wishes to go home. Discharged.

It is occasionally complicated with ophthalmia, as we have seen in one or two of the previous cases, and of which the following is an example.

CASE XV.—*Morbid Sensibility of Retina, with Chronic Ophthalmia.*—Nehemiah D., 24. May 18, 1844. Was formerly a seaman, but for three years past has been a student and teacher. Eyes were first attacked about three years ago with weakness, redness, pain in the temples and through the eyes. On reading, the letters seemed to run together. These symptoms have continued from time to time ever since. This affection came on after unusual exertion of the eyes at night.

On examination, lids not diseased. Conjunctivæ somewhat injected and thickened, especially towards inner angles. His health, with the exception of costiveness, he says is generally good. He was directed counter-irritation behind the ears, cold applications to the eyes, which he was strictly cautioned against using, to take a gentle saline laxative on alternate days, and to omit the use of meat.

31st.—Eyes much improved. Can bear more light. To continue the same treatment.

I have seen several cases in which near-sightedness came on with the other symptoms, and abated with their removal, a fact which proves pretty conclusively that this affection is not *necessarily* dependent on any change of form in the cornea, &c., to which it has usually been attributed, as in the following cases.

CASE XVI.—*Morbid Sensibility of the Retina, with Myopia.*—John McK., 36. July 30, 1838. About fifteen years since, eyes began to fail him—was attacked with short-sightedness. This was followed by pain on using the eyes, &c. He, however, continued his occupation, his eyes constantly growing worse, for eight years, at which time he applied to the Infirmary for relief. He was cupped with some relief to his head, which was at that time confused and dizzy. He was unable to stay long enough in the city to follow up any treatment. On his return home he again went to work, though his eyes were very feeble. He continued to work a little till a year and a half since, when he was obliged to give up entirely. He thinks that after this the eyes grew worse till the last winter, when he shut himself up for the most part in a dark room, since which he says his eyes have been less painful. Now, eyes almost constantly painful. Pain aggravated at intervals. Dizziness and confusion in head. Bowels costive. Appetite pretty good. Does not sleep well. Recommended to return home, to remain in a dark room, to have venesection followed by free leeching. Pill of s. m. et opii every night for a week. Cold affusion to head. Milk diet.

CASE XVII.—*Morbid Sensibility of the Retina, with Myopia.*—Caroline B., 16. Jan. 9, 1846. Says her health is tolerably good. Menstruated once in August last, never since. Her appetite is poor. Is subject to dyspepsia and costiveness. Never troubled in eyes till two years ago last March, when after much use of them at night was attacked with a feeling as if of a foreign substance lodged under the lids, followed by pain through the balls, burning, weight in the lids, &c., with *near-sightedness*.

On examination, the sclerotic around the cornea is seen slightly injected. The corneæ are rather *flat*. She was ordered a pill of aloes

and sulphate of iron three times a day, the daily application of Fleming's tincture of aconite above the brows, active exercise in the open air, and to give the eyes rest as far as possible.

13th.—Says that the aconite produces a feeling of alternate cold and heat in the part, with numbness. The eyes are stronger. Continue aconite occasionally.

Sept. 9th.—Had measles three or four weeks ago. Eyes not so strong since. No pain in them except on use. Resume pill of June 9th, which she has omitted for some time past. To have a mustard foot-bath every night, and to bathe the eyes with brandy and water. Admitted to House.

Oct. 4th.—For ten days past has used an injection per vaginam of aq. ammoniæ fort. and milk, 3 in die. To continue it and resume application of aconite behind ears once a day.

7th.—Same. Omit pil. R. Tr. guaici c. 3 3 in die. Continue pediluvium and tincture.

17th.—Eyes have felt stronger and less painful for two weeks past. Some days ago had a feeling as if menstruation were about to take place. Omit injection. Continue bath and tincture of aconite.

This patient was discharged a few days after, and though menstruation had not recurred, her general health and eyes had much improved. She was recommended to omit all medication except the application of the aconite, which she was to use at such times as the pain and weakness of the eye should be unusually troublesome. I regret that I omitted to record the state of her vision as regarded the near-sightedness, though I think this diminished with the general improvement in her health and the other troublesome symptoms connected with her eyes. In a similar case, that of a gentleman whom I attended some years ago, I remember distinctly that this was the result, and am certain that the same thing has occurred in one or two other instances.

[To be continued.]

## INHALATION OF ETHEREAL VAPOR FOR THE PREVENTION OF PAIN IN SURGICAL OPERATIONS.

By John C. Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

APPLICATION has been made to me by R. H. Eddy, Esq., in a letter dated Nov. 30th, in behalf Dr. W. T. G. Morton, to furnish an account of the operations witnessed and performed by me, wherein his new discovery for preventing pain was employed. Dr. M. has also proposed to me to give him the names of such hospitals as I know of in this country, in order that he may present them with the use of his discovery. These applications, and the hope of being useful to my professional brethren, especially those concerned in the hospitals which may have the benefit of Dr. M.'s proposal, have induced me to draw up the following statement, and to request that it may be made public through your Journal.



The discovery of a mode of preventing pain in surgical operations has been an object of strong desire among surgeons from an early period. In my surgical lectures I have almost annually alluded to it, and stated the means which I have usually adopted for the attainment of this object. I have also freely declared, that notwithstanding the use of very large doses of narcotic substances, this desideratum had never been satisfactorily obtained. The successful use of any article of the *materia medica* for this purpose, would therefore be hailed by me as an important alleviation to human suffering. I have in consequence readily admitted the trial of plans calculated to accomplish this object, whenever they were free from danger.

About five weeks since, Dr. Morton, dentist of this city, informed me that he had invented an apparatus for the inhalation of a vapor, the effect of which was to produce a state of total insensibility to pain, and that he had employed it successfully in a sufficient number of cases in his practice to justify him in a belief of its efficacy. He wished for an opportunity to test its power in surgical operations, and I agreed to give him such an opportunity as soon as practicable.

Being at that time in attendance as Surgeon of the Massachusetts General Hospital, a patient presented himself in that valuable institution a few days after my conversation with Dr. Morton, who required an operation for a tumor of the neck, and agreeably to my promise I requested the attendance of Dr. M.

On October 17th, the patient being prepared for the operation, the apparatus was applied to his mouth by Dr. Morton for about three minutes, at the end of which time he sank into a state of insensibility. I immediately made an incision about three inches long through the skin of the neck, and began a dissection among important nerves and blood-vessels without any expression of pain on the part of the patient. Soon after he began to speak incoherently, and appeared to be in an agitated state during the remainder of the operation. Being asked immediately afterwards whether he had suffered much, he said that he had felt as if his neck had been scratched; but subsequently, when inquired of by me, his statement was, that he did not experience pain at the time, although aware that the operation was proceeding.

The effect of the gaseous inhalation in neutralizing the sentient faculty was made perfectly distinct to my mind by this experiment, although the patient during a part of its prosecution exhibited appearances indicative of suffering. Dr. Morton had apprised me, that the influence of his application would last but a few minutes after its intermission; and as the operation was necessarily protracted, I was not disappointed that its success was only partial.

On the following day, October 18th, an operation was done by Dr. Hayward, on a tumor of the arm, in a female patient at the Hospital. The respiration of the gas was in this case continued during the whole of the operation. There was no exhibition of pain, excepting some occasional groans during its last stage, which she subsequently stated to have

arisen from a disagreeable dream. Noticing the pulse in this patient before and after the operation, I found it to have risen from 80 to 120.

Two or three days after these occurrences, on meeting with Dr. Charles T. Jackson, distinguished for his philosophical spirit of inquiry, as well as for his geological and chemical science, this gentleman informed me that he first suggested to Dr. Morton the inspiration of ether, as a means of preventing the pain of operations on the teeth. He did not claim the invention of the apparatus, nor its practical application; for these we are indebted to Dr. Morton.

The success of this process in the prevention of pain for a certain period being quite established, I at once conceived it to be my duty to introduce the apparatus into the practice of the Hospital, but was immediately arrested by learning that the proprietor intended to obtain an exclusive patent for its use. It now became a question, whether, in accordance with that elevated principle long since introduced into the medical profession, which forbids its members to conceal any useful discovery, we could continue to encourage an application we were not allowed to use ourselves, and of the components of which we were ignorant. On discussing this matter with Dr. Hayward, my colleague in the Hospital, we came to the conclusion, that we were not justified in encouraging the further use of this new invention, until we were better satisfied on these points. Dr. Hayward thereupon had a conversation with Dr. Morton, in consequence of which Dr. M. addressed to me a letter. In this he declared his willingness to make known to us the article employed, and to supply assistance to administer the inhalation whenever called upon. These stipulations he has complied with.

This being done, we thought ourselves justified in inviting Dr. Morton to continue his experiments at the Hospital, and elsewhere; and he directly after, Nov. 7th, attended at a painful and protracted operation performed by me, of the excision of a portion of the lower jaw, in which the patient's sufferings were greatly mitigated. On the same day an amputation of the thigh of a young woman was performed at the Hospital by Dr. Hayward. In this case the respiration of the ethereal vapor appeared to be entirely successful in preventing the pain of the operation; the patient stating, afterwards, that she did not know that anything had been done to her.

On Nov. 12th, an operation for the removal of a tumor from the arm of a young woman was performed by Dr. J. Mason Warren. The vapor was administered for three minutes, when the patient became unconscious; the operator then proceeded, the inspiration being continued. Standing myself on one side of the patient, while the operator was on the other, so entirely tranquil was she, that I was not aware the operation had begun, until it was nearly completed.

On Nov. 21st an operation was performed by Dr. J. Mason Warren on a gentleman for the removal of a tumor, which covered nearly the half of the front of the right thigh. The patient lying upon a bed, the vapor was administered by Dr. Morton in the presence of Drs. Charles T. Jackson, Reynolds, J. V. C. Smith, Flagg, Gould, Shurtleff, Law-

rence, Parsons, Briggs, and others. After he had breathed the vapor for three minutes his head fell, and he ceased to respire it, but presently awaking, the inhalation was renewed till he again appeared insensible. The operation was then commenced. At the first stroke of the knife he clapped his hand on the wound, but I immediately seized and held it during the remainder of the operation, though not without some difficulty in consequence of his struggles. The operation was completed in two or three minutes, and the patient remained quietly on his back with his eyes closed. On examination the pupils were found to be dilated; the pulse was not materially affected. After he had lain about two minutes I roused him by the inquiry, "how do you do to-day?" to which he replied, "very well, I thank you." I then asked what he had been doing? He said he believed he had been dreaming; he dreamed that he was at home, and making some examination into his business. "Do you feel any pain?" "No." "How is that tumor of yours?" The patient raised himself in bed, looked at his thigh for a moment, and said, "it is gone, and I'm glad of it." I then inquired if he had felt any pain during the operation, to which he replied in the negative. He soon recovered his natural state, experienced no inconvenience from the inhalation, was remarkably free from pain, and in three days went home into the country.

In all these cases there was a decided mitigation of pain; in most of them the patients on the day after the operation, and at other times, stated, that they had not been conscious of pain. All those who attended were, I think, satisfied of the efficacy of the application in preventing, or, at least, greatly diminishing the suffering usual in such cases. The phenomena presented in these operations afford grounds for many interesting reflections, but it being my principal intention at this time to give a simple statement of facts, I shall not pursue the subject further, but close with two or three remarks.

1st. The breathing of the ethereal vapor appears to operate directly on the cerebral system, and the consequent insensibility is proportionate to the degree of cerebral affection.

2d. Muscular power was for the time suspended in some cases, in others its loss was partial, and in one instance was scarcely sensible. The great relaxation of muscular action produced by a full dose of the application, leads to the hope that it may be employed with advantage in cases of spasmodic affection, both by the surgeon and by the physician.

3d. The action of the heart is remarkably accelerated in some cases, but not in all.

4th. The respiration is sometimes stertorous, like that of apoplexy.

All these changes soon pass off without leaving any distinct traces behind them, and the ordinary state of the functions returns. This has been the course of things in the cases I have witnessed, but I think it quite probable, that so powerful an agent may sometimes produce other and even alarming effects. I therefore would recommend, that it should never be employed except under the inspection of a judicious and competent person.



Let me conclude by congratulating my professional brethren on the acquisition of a mode of mitigating human suffering, which may become a valuable agent in the hands of careful and well-instructed practitioners, even if it should not prove of such general application as the imagination of sanguine persons would lead them to anticipate.

*Boston, Dec. 3, 1846.*

## INSENSIBILITY DURING SURGICAL OPERATIONS PRODUCED BY INHALATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I observe in the last No. of your Journal an article entitled "The Inhalation of an Ethereal Vapor to prevent Sensibility to Pain," &c., signed by J. F. Flagg, M.D., a considerable part of which is devoted to comments upon a paper of mine in the same Journal of the date of Nov. 18th, 1846.

Any one who will trouble himself to examine that paper, will find there a narrative of physiological facts observed by myself, with a few concluding remarks connected with the patent right; intended chiefly to inform the medical profession, at the request of the inventors, that every practicable facility would be afforded to them in their use of the new process. It was far from my intention to take any part in any differences likely to arise from the invasion of the patent, and I indulged the belief that I had avoided any points of a controversial character.

It may be necessary, however, to notice one or two points in the communication of Dr. Flagg, but I do so with regret that they should have emanated from so respectable a quarter. I disclaim any interest of any kind whatever in the matter under discussion, except the heartfelt desire I have, in common, I believe, with almost every man in the community, that full justice should be done to the inventors of a method by which the whole human race is benefited; and I regret that an article embodying, as I believe this does, the views of those who would appropriate to their own advantage the discovery of others, should have first emanated from a gentleman for whose position I entertain, in common with others, much respect.

I am free to say that I believe many persons besides myself would have been gratified if this invention could have been issued to the world unfettered by any restrictions of law or private right. But when your correspondent, in his anxiety to take possession of the invention, refuses to allow to Drs. Jackson and Morton any right to their discovery, or to admit any "apology" for the patent, I am ready to show what I consider their right to be; and shall also take the liberty to examine how far Dr. Flagg has sustained his position.

The history of inventions is well known. Some fortunate individual makes a discovery. This individual is frequently not he who has investigated the most deeply or theorized the longest upon the subject; though the discovery itself is all the evidence the public can require, of his right to receive for it an equivalent. But no sooner is the discovery announced, than a multitude of individuals begin to recognize their own claims to a reward; and we hear that "there was nothing new in the discovery," "they were quite near it," "they had produced the same effect." It is rare,

however, that a man who offers no evidence of any participation in a discovery, as in the present instance, openly avows his intention to share in the profits. This point deserves further consideration.

The inventors of a method of producing insensibility by inhalation, have shown an almost infallible way of annihilating the pain of some of the most formidable surgical operations. If any plan were to have been devised for promoting the comfort of the race, it would have been difficult to suggest one so wide in its application, as that which should obliterate sensibility at will; which should mitigate the sufferings of those who are called upon to endure pain in its most atrocious forms. If any individuals have bestowed this inestimable boon upon the race, they have a right to look to the race for a substantial return in some shape or other. Who, then, are these individuals? I can find no evidence that the invention would not have slept for twenty years longer, had not Drs. Morton and Jackson demonstrated it to the public.

I have no prepossession in favor of the tribe of *ex post facto* inventors, who always settle like parasites upon every recent invention of any pecuniary value. Either the discovery was previously made, or it was not. If it was, we have only the alternative of supposing, that the fortunate individual saw fit, for some inexplicable reason, to keep in his own bosom a secret, which he knew to be of inestimable value to the whole human family. I prefer to believe that it was not.

But what sort of claim is now made to previous knowledge upon the subject? Is the maid servant mentioned by Dr Christison, who died in the cause, to be held as the discoverer? Or the gentleman who recovered from his lethargy? Or yet your correspondent who "almost fell asleep"? Obviously not. These facts were mere suggestions, pointing to a hypothetical principle; and it was the business of those who received such hints to have pursued them till the single fact was generalized and the principle established. Drs. Morton and Jackson have done all this. They have struck out a new path; and even when future science shall have abridged and improved the present method, or substituted another for it, it will not detract in the slightest degree from the merit of the original discoverers of a great and novel principle.

It is fair to pre-suppose that your correspondent has ample grounds for availing himself of this discovery, without offering to the inventors a recompense. I shall examine these, as far as I am able to understand them. And, first, let me separate the question of legal right from that of common right and justice. With the former I have nothing to do. It can only be decided by those who possess competent legal knowledge. Your correspondent exclaims, "What is patented? A power? A principle? A natural effect? The operation of a well-known medicinal agent? I doubt the validity of such letters patent. It would seem to me like *patent sunlight* or *patent moon-shine*." This figurative expression of Dr. Flagg's legal opinion may be of great value, but it may be mentioned that the inventors have on the other hand the opinions of several eminent authorities and also that of the commissioners at Washington, that the patent is perfectly valid and tenable. Leaving, then, for those who are competent to it, the discussion of the law of the question, I shall inquire on what grounds of professional right or of common justice your correspondent proposes to appropriate this discovery.

In the first place he objects to the use of patent or secret medicines. "I shall not," says he, "obtain and use it as a secret medicine; I shall

not purchase and use it as a patent medicine," apparently on the ground that "the enlightened and regular medical faculty of Massachusetts \* \* \* \* are associated and have arrayed themselves against all secret remedies or patent medicines, and therefore cannot feel themselves at liberty," &c. &c. "But," says he in another place, "I shall use it." The scruples of your correspondent lie, then, not against the use of the discovery, but against the purchase of it. I shall attempt to remove all hesitation he may have upon this point.

In so doing I may state that as far as my humble influence was concerned, I urged the adoption of the new method in one at least of the early cases which occurred at the Hospital, without consulting the by-laws of the Massachusetts Medical Society, in full reliance upon the wisdom and liberality of the framers of that code. A subsequent examination of it has confirmed my position. I am unable to find any law bearing directly or indirectly upon the present case. The tenth by-law of the Massachusetts Medical Society is directed, as I understand it, against any one who shall publicly advertise or publicly offer to cure disease by medicine, the composition of which he the advertiser makes a secret. It deals with the question of proclaimed secrecy; and in my view is directed against that prudish class of practitioners whose ostentatious solicitude to conceal their wares, is their only chance of persuading people of their value. The same remarks apply to the fifty-eighth by-law. I leave others to judge of the propriety of applying such restrictions to a method which has been publicly registered, which has been voluntarily announced to every surgeon who has used it, and of which the immense utility is universally conceded. I am unable to discover that your correspondent has here any ground for his scruples about purchasing a right.

But, says he, "no one can restrict them from using what is used for the relief of suffering humanity." It is, then, "suffering humanity" which compels them to share in the equivalent which the public is returning to the inventors. But why not send "suffering humanity" to Dr. Morton, or call him to its aid? Dr. Morton has made ample arrangements for its reception at No. 19 Tremont row, or for its relief at the houses of other dentists. When the papers coolly announce "the best method in use for narcotizing patients," or "the improved method," I for one enjoy the audacity of those who assert their intention to have a share in any profits to be made. But it is painful that any man should be compelled by his conscience to receive a part of the substantial gratitude of suffering humanity, when they to whom alone its gratitude is due have made ample arrangements for its relief.

I confess my inability to follow your correspondent in a large part of his argument, and shall therefore only allude to it. He says, "the free use of the article has been ceded to the surgeons of the Massachusetts General Hospital, and these gentlemen would receive it or adopt its use on no other condition, of course, than that of knowing what it was, and having full and free control of it for that institution. Hence, I ask, why \* \* \* \* why I must now purchase the right to use it."

Again, "If it is simple sulphuric ether, I shall use it; \* \* \* \* if it is a compound" ("it is said to be ceded to the surgeons of the Hospital \* \* \* \* and if known to medical students who attend that institution \* \* \* \* no one can rightly restrict them, and") "it will become free."

I can only interpret these logical sequences upon the ground that your



correspondent confounds the question of secret and that of patent, and infers that what is no longer secret is no longer patent. It is understood that the matter was secret just so long as was necessary to secure patents here and elsewhere, and no longer. But the fact of its subsequent publicity does not change the question of property. The discovery and the patent right still belong to the inventors, and your correspondent and whoever else of us wishes to avail himself of it, must accede to their very reasonable terms.

It remains to say a word with regard to three very inoffensive "apologies;" "two of which" your correspondent considers to be "without force," while "the total incorrectness of the main part of the third must be apparent to all." I am unable to see that your correspondent has invalidated the force of the two first. With the intention of testing the correctness of my statement that certain secrets are conventional among dentists, I have applied to three of the most eminent dentists of this city, and to whom I can refer your correspondent, who do not hesitate to state that they are so. But if Dr. Flagg still holds that he "does not know of anything which is practised in dentistry, even relating to the mechanical department, which is kept secret by duly educated dentists," I know no way in which, according to his own views, he could contribute more directly to the cause of "suffering humanity," than by volunteering to communicate to "duly educated dentists," for the mere equivalent of the time occupied in so doing, a concise account of his methods in some of the more recondite departments of his art; for example, in the composition and manufacture of mineral teeth. I am confident that the number of applicants who would amply compensate him for his time, would testify at once to the demand for this sort of knowledge, both in town and in the country, and to the general appreciation of his skill.

I have been led to exceed my intended limits, because I was desirous of answering in some measure a class of objectors of whom I regret that your correspondent should be the representative. No one can doubt that an inestimable discovery has been made. Though it may be regretted that it has not been made free to all, yet the inventors have an undoubted legal right to pursue with regard to it whatever course may seem to them best. They have made arrangements which place it at the command of any who are disposed to avail themselves of it,\* and I cannot but think that the community if not the government, will be forward in recognizing the magnitude of their claims.

I have only to add, that I am not ambitious of controversy, and that I shall make no further communication upon this part of the subject, unless the position I have here assumed shall seem to me to be in any way invalidated.

Your obedient servant,

*Boston, Dec. 4th, 1846.*

HENRY J. BIGELOW.

## OUR MEDICAL SCHOOL AND HOSPITALS.

[Communicated for the Boston Medical and Surgical Journal.]

THE site, formerly consecrated to refuge and solace of contagions, loathsome disease, small-pox, was selected for the Medical College as appended

\* I had occasion, a few days since, to tie the femoral artery of a patient who was unable to pay for the operation. I found no difficulty in obtaining the gratuitous use of the method; nor do I conceive that others would, in similar circumstances. It may be added that the patient was wholly unconscious of the dissection.

H. J. B.

to, and co-operate with our unrivalled Hospitals! Before anything was done for their establishment, our Emeritus Professor of Medicine, Dr. Jas. Jackson, declared "we will have Hospitals, supplying every want, even of the tenderest, humblest invalid."—Such is high purpose, "setting in order things which are wanting!" A dozen well-doers have endowed these Hospitals with nearly a million of dollars!—"to the ready spindle and distaff flax comes!"—Before, if one was thrown down, victim of violence or of phrenzy, sick and stranger, what confusion, inconvenience, aggravation, cost, fatality! Now, "the stranger, from afar, cometh to them: they do all he asketh for!"

"Noctes atque dies patet janua."

The French call such by God's name, Hotel-Dieu!

"Ces asiles des malheurs des mortels  
Sont du Bon-Dieu les meilleurs autels."

In such was the nascent, inchoate ministration of an angel-disciple,

"Decus additus astris!"

his foot-prints, biography, writings, remembrances of him, so impress our junior portion of the medical profession as to make an epoch in this medical school! (The eulogy of Dr. Matthew Baillie says, "Few are aware of the importance of one man to the character of a profession.") Among our condition's uncertainties, his continuance here might not have effected more. He seemed like one of those "trees which bear fruit and blossoms at once."\*

Jackson's home thanks God for maintained "cheerfulness; for the beautiful image, ever before it, the face as of an angel! checking no pleasure, not even gaiety."

The respected idea of that rigorous observer, Dr. Ch. A. Louis, of the Hotel-Dieu, of Paris, who helps to train many zealous pupils of our medical schools, is with us, as we, not mournfully, but hopefully, thankfully meditate on his-beloved disciple, Jackson, as he used to lean on Louis's bosom, aspiring to be, as he prophesied, "a law-giver of our art!" All choice spirits, however distant, are ours, theirs; united by firm intention, close adhesion; a thrill of sympathy is propagated along the *commune vinculum*; we feel each others' warm pressure, circulation of mutuality, *cogitationem inter nos*!

\* Another, not of the medical profession, but a guardian-pioneer of knowledge and of man's weal, settled his fair account from among us: filial piety memorialized "a life spent in search of the true and the right." Our Warren Street Chapel Association republished these biographies, as text books of moral, intellectual, professional guidance, exemplars of what is "done in the green and dry."—Dr. James Jackson, Jr.—Dr. Nathaniel Bowditch, whose "end was peace, grace! too serene for sadness, too beautiful for fear! As he was being conveyed to his rest, snow-flakes lighted on the pall, emblems of bright purity!"

"Sa maladie ayant dépassé déjà le terme, où cessent les espérances et où s'arrêtent les ressources de l'art; au seuil d'une autre vie, il avait encore de l'énergie et de l'activité pour s'occuper des détails de la vie qu'il allait quitter."—*Speridion*.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 9, 1846.
 

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*State Medical Matters.*—A circular has been issued by a committee of the Berkshire Medical District, addressed to the profession of Massachusetts, in which are set forth, in plain language, the grievances of the practitioners on the west side of the mountain. Some immediate concessions must be made by the parent Society, whose power radiates from the metropolis, or these discontented gentlemen will manage according to their own liking. A new organization is demanded, to meet the case of the Berkshire section of the Commonwealth, and these practitioners very reasonably ask for the adoption of a plan similar to the one in operation in New York and Connecticut. But, having the staff in their own hands, it is obvious they will not beg for favors, and they therefore apprise all whom it may concern, that an application will be made to the Legislature, the next session, praying that the Massachusetts Medical Society may be re-organized, and in "default of such re-organization, that the profession in the County of Berkshire may be constituted a separate and distinct medical society." This breach, which has been growing wider and wider for twenty years, might have been healed by a very simple dressing long ago. The fact is, the opinion is entertained that all the essential executive officers are invariably held by persons in Boston, or near by—and, as some of the malcontents have often asserted, their portion of the members are only parts and parcels of the medical machinery to hold up one or two men before the community, as those whom the multitude of doctors delight to honor. They say, too, that the old trick of serving out sop by giving the interior of the State a *vice*-president, occasionally—a post that no one covets—will no longer work. All this has frequently been sounded in the ears of the Fellows on anniversary meetings, but it produced no amelioration, and now a desperation is manifested that will certainly re-make or break the old Society.

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*University of Buffalo.*—The first circular of the Medical Department of the newly-organized University, as a typographical specimen, is creditable to the printers of Buffalo. If the engraving on the cover is a true representation of the medical college, the exterior is chaste and imposing; and with regard to the interior, we are well enough acquainted with several gentlemen of the faculty elect, to know that good taste, convenience and elegance, and nothing else, would be tolerated where they are. Lectures will commence on the last Wednesday of February, and continue sixteen weeks. All the gentlemen are familiar with the labors of the several chairs. Clinics are established, a hospital is open, and the prospect is altogether brilliant.

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*Southern Retreat for Invalids.*—A notice on our advertising page by A. H. Wilder, M.D., reminds us of the propriety of calling the attention of



medical gentlemen to the advantages of his locality. They, as well as those patients who may consult them in regard to a variety of chronic difficulties which are bettered by a bland climate, will be interested in knowing that Dr. Wilder has made preparations for the accommodation of invalids from the North. We can speak decidedly in favor of the climate of Richmond, from having enjoyed it, when the chills, frost, snow and uproar of the elements in New England were discouraging to a person whose physical organization could but feebly resist such turbulence. Dr. Wilder is accustomed to the chronic diseases of the north, having been in the midst of us, and well known for his medical qualifications. Those who may place themselves under his care, will be sure of receiving that kindness and courtesy, which a sympathy for their misfortunes is calculated to excite. Having himself been obliged to take up a residence in Virginia on account of the delicacy of his health, and having been restored by the ameliorating influences of the climate, he is the better qualified to instruct others in regaining that which is inestimable to all—vigorous health.

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*Iowa Botanic Advocate.*—When the word *botany* appears on the face of any periodical making pretensions to medicine, in these degenerate days, it is to us an infallible indication of quackery. It is a matter of surprise, that the Thomsonians are not sick of their own accredited organs of mis-called medical intelligence, now so numerous that some of them, like the mushroom growth of hydropathic hospitals, are not wanted even by their most enthusiastic advocates. One Dr. Margrave has inflicted upon the inhabitants of Iowa city, the first number of one of these senseless Journals, in which, as usual, the principal object seems to be, to impress the reader with the utter worthlessness of all medical science;—and that is not all; the men who uphold the fabric of medical literature and science are so represented to the gaze of ignorant admirers, as to seem on a level with pickpockets and sharpers.

This predominant spirit, the burden of all these wide-mouthed trumpets, must necessarily operate, in the end, against the cause it is designed to benefit, because an everlasting repetition of such charges and inuendos against a profession distinguished for great achievements in humanity, to say nothing of their immense contributions to the stock of useful knowledge in every department of life, and in every age, cannot always blind even the most stupid,—light must in some way break in upon them. As civilization succeeds barbarism, in all new countries it is possible that medicine, in order to be valued according to its intrinsic worth, must follow after the false assertions, prejudice and abominations of systematized quackery. The Iowa Botanic Advocate may be ranked among the advocates of this latter cause, and is therefore a blind leader of the blind.

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*Diseases of the past Season at Newport, N. H.*—TO THE EDITOR.—Sir,—Among the variety of diseases which have claimed our attention the current year, in this vicinity, are scarlatina, smallpox and typhoid fever. The last has been quite prevalent during the autumn. The prominent symptoms were cough, nausea, diarrhœa, rapid pulse, &c.; in some instances, delirium, from commencement to convalescence. Mild cases

required but little treatment; we gave but few cathartics, and the Dover's powder was generally sufficient to restrain the diarrhœa. Simple nervines were all that was required to compose the patient. Ten cases of varioloid occurred in January last in Goshen, an adjoining town; all had been vaccinated several years previous, but probably with impure virus, as I re-vaccinated many who had been vaccinated at that time, and the vaccine disease was but little modified by the previous vaccination. Three cases of variola from exposure to varioloid occurred. Neither had been vaccinated previous to exposure. The first, a child 11 months old, had been under domestic treatment for several days when I first saw the little fellow, at which time a pretty copious crop of pustules were produced, confluent on face and other parts, and suffered from the attempts which had been made to drive out the rash (it was thought to be scarlatina by the mother and neighbors). The two others were vaccinated seven days after they had been exposed, and contracted variola. The vaccine disease ran its course with and modified the variola, both in its severity and duration. Pustules were more rapidly developed, and desiccation took place much earlier. The termination resembled more the varioloid cases than the commencement. In a great number of exposures to variolous contagion, not a single one of those vaccinated on the day or previous to exposure by us, had the varioloid. Among several hundred, no bad consequences resulted, either from the disease or vaccination.

Respectfully yours, THOMAS SANBORN.

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*Amputation of the entire Arm and Shoulder.*—Dr. D. Gilbert, of Gettysburg, Pa., is said to have successfully performed a very important surgical operation, in the removal, on account of a tumor, of the whole arm and shoulder, including one third of the collar bone and a large portion of the shoulder blade.

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### **New York Correspondence.**

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*Medical Schools in New York.*—The success and prosperity of the two Medical Colleges in New York would seem to indicate that rival institutions, in the same city, may be mutually advantageous to each other's interests. The venerable College of Physicians and Surgeons of New York, once honored with such teachers as Bard, Hosack, Mitchell, Post, McNeven and Francis (of which bright galaxy, the last-named only survives), continues, under their learned successors, to maintain a dignified character and a respectable class, notwithstanding the competition of the other school. The opening address of the present session was an able and instructive discourse by Professor Joseph M. Smith, the amiable and excellent teacher of Theory and Practice, which was every way worthy of the occasion. The course has since progressed with a class increased in numbers over former years, and Professor Parker's valuable clinique is said to be weekly improving in the numerous and instructive surgical cases of disease, to which his pupils thus have access. This feature has been superadded to our medical colleges within a few years, and from its signal utility promises to become universal. The several professors of this

School enjoy a high reputation, and some of them have distinguished themselves by valuable contributions to our professional literature, especially Drs. Stevens, Beck and Torrey. Of the entire Faculty it may justly be said, that if they cannot command success, they do more, for they deserve it, possessing as they do in an eminent degree the affectionate regard of the class, and the high respect of the profession at home and abroad.

The Medical Department of the University of the City of New York has fully sustained the numbers of its present class, as compared with last year, and the several introductory lectures of the present session were well attended, and are highly spoken of, particularly that of Professor Draper, which was a tasteful and finished performance. Dr. Mott's clinique is still popular and useful, affording, as it does, a variety of interesting cases, and giving occasion and opportunity for valuable practical observations, and instructive operations performed in view of the class. The several professors are daily lecturing on the different departments to the satisfaction of their pupils, and some of them are deservedly popular with the class, as manifested by the enthusiasm with which they are greeted, and the respectful attention with which they are heard. The high position which this school has gained within so brief a period, must be a source of gratification to its friends. The faculty is composed of able men, several of whom have long been eminent both as teachers and practitioners, and with such professors, this College will continue to thrive.

Between the two schools, though situate near each other, the utmost harmony, thus far, subsists, as becomes an honorable rivalry between competitors for the public favor, each content to stand upon its own merits. Such amicable relations should ever be cultivated as the dictate both of policy and duty.

It is matter of regret that with more than 500 students in the city, found in these two colleges, they should still be unable to avail themselves of the greatest hospital in the country, found at the neighboring almshouse, for clinical instruction. The medical appointments being made from political considerations solely, irrespective of either learning or experience, this extensive clinical school is lost to all the purposes of science and humanity, for which it might otherwise be rendered available. The efforts heretofore made by the friends of both the medical schools, to rescue this hospital from such hands, have thus far been ineffectual, and the mischiefs of its present management are perpetuated.

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TO CORRESPONDENTS.—Communications have been received, since our last, from Dr. N. S. Davis, Binghamton, N. Y., Dr. Underhill, of Ohio, and Dr. Fisher, of Paris.

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MARRIED.—In Cohasset, Mass., Dr. George Cutler, of Charlestown, to Miss Ann Maria Smith, of Cohasset.—Dr. George Cogswell, of Bradford, to Miss Elizabeth Doane, of Yarmouth.—In Northboro', Dr. Geo. W. Burdett, of Clintonville, to Miss Elizabeth J. Valentine.

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DIED.—In Boston, Dr. Rodney C. Messer, of Haverhill N. H., 23.

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*Report of Deaths in Boston*—for the week ending Dec. 5th, 37.—Males, 19—females, 18.—Stillborn, 5. Of consumption, 9—dropsy on the brain, 2—pleurisy, 2—croup, 2—accidental, 1—throat distemper, 1—typhus fever, 5—lung fever, 2—child-bed, 1—canker, 1—convulsions, 1—dropsy, 1—dropsy in the chest, 1—scald, 1—teething, 1—disease of the heart, 1—old age, 1—marasmus, 1—infantile, 2—brain fever, 1.

Under 5 years, 10—between 5 and 20 years, 7—between 20 and 40 years, 14—between 40 and 60 years, 3—over 60 years, 3.



*Patent Medicines in Vermont.*—Maine and Vermont have quite anticipated Massachusetts and other States in the march of civilization. No one will dare say that the laws against the sale of patent medicines, without having the composition known, is not in accordance with the institutions of civilized life—where the health of individuals should be in the keeping of the State. Perhaps the spirit of this wholesome legislation, which commenced in the East, may extend through the union. In the Northampton Democrat is the following:—"The Vermont Legislature have imitated the example set them by Maine, and passed a law against selling any medicine in that State composed of more than one simple, without a label attached to it giving the name of each ingredient, unless the ingredients are laid down in some medical book in ordinary use, or administered by a physician. Another section of the same act forbids any apothecary, physician, or other person, to either keep in his possession or sell any poison except 'in a box, bottle or phial of a triangular form,' with a label on the same containing the name of the article and the word poison, and to keep such poison separate from all other medicines."

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*Urinometer.*—This is a French instrument, to ascertain the acidity of the urine, with a view of determining the state of health—but more especially in diabetes, and also in cases of an involuntary flow of that secretion. There is a graduated scale on one side of a glass tube. The urinometer is immersed in pure water, and the gage at which it rests, is marked W. The next division is H, where it remains in urine, when the person from whom it was taken is in perfect health. S, on the scale, means strong, but a less degree of health. When diabetes actually exists, the fact is indicated and its progress ascertained by the surface of the fluid making an increased measure over the notched tube. Mr. Burnett has brought out this delicate little guide.

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*Isinglass Plaster.*—An elegant, transparent water-proof plaster is prepared for the London hospitals, by Mr. Macard, that meets the cordial approval of the surgeons of those charities, and which Mr. Burnett, in Tremont Row, Boston, has recently imported. It is spread on calico, thin cotton, and also on skin. All that is to be done, to make it instantly adhesive, is to wet one surface with a damp cloth or sponge.

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*Child with a Tail.*—Dr. J. D. Plunkett, of Shelby Co., Tenn., says the Medical News, "was requested to visit a female infant, 6 months old, from the extremity of whose coccyx there issued something much resembling a tail, four inches long, gradually tapering, and the small end adherent to the middle of the thigh. Finding that it contained neither bone nor cartilage, he removed it by applying a ligature to each end of the loop."

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*Medical Miscellany.*—Dr. Smith, an American missionary, at Erzeroum, was lately badly treated by the Turkish authorities, but the Divan at Constantinople obliged the Pacha to pay him £200 sterling as an indemnification.—Dr. Stanislaus Hernisz is about giving a course of lectures, in Boston, on Japan.—Smallpox is again creeping on toward New England. In some parts of Illinois it has prevailed so extensively as to compel the courts of law to be suspended for the present.

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DR. BETHUNE ON THE DISEASE KNOWN AS MORBID SENSIBILITY  
OF THE RETINA, ILLUSTRATED BY CASES.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 375.]

DISEASED lids may give rise to it, as *lippitudo*, *tinea*, *granulations*.

CASE XVIII.—*Lippitudo, with Morbid Sensibility of Retina*.—John C., 10. Dec. 2, 1843. Eyes well till one month ago. From that time they have been weak. Complains of pain through eyes on reading, with confusion of the letters. Also of adhesion of the lids when he wakes in the morning, and lachrymation.

CASE XIX.—*Morbid Sensibility of Retina, with Tinea*.—Elizabeth W., 22. July 18, 1845. General health good. Never had disease of eyes till six years ago, when they began to be weak, and have so continued, being better and worse from time to time. For the two years past they have been worse. She says that the eyes are occasionally red, and that she has pain through the orbits. On looking steadily at objects, they fade. Two years ago had an acute attack, for which had leeches, blisters, &c. Was most relieved by blistering. Says that warm applications are most agreeable to the eyes. Has frequently a feeling of weight in the lids. Is troubled by costiveness. Menstruation regular. To take an aperient and tonic pill 3 in die. Vesication behind ears; this to be kept open with savin cerate. To apply to the edges of the lids at bedtime a minute portion of the weak red precipitate ung. To bathe the eyes often with warm water, and to give them as much rest as possible.

21st.—Free purging from pill. Take it occasionally if the bowels are constipated. Lotio frigida.

26th.—Eyes somewhat improved. Continue ointment. Collyrium zinci sulph. gr. j. to ʒ j. aq. distill.

29th.—Discharged at her request; doing well.

August 13th.—Eyes got much better, and so continued till five days ago, since when they have been worse, owing, as she thinks, to wearing green glasses. Omit glasses.

16th.—Not so well. Says that the cold water does not agree with her eyes. Omit it, and use cold milk and water. Resume collyrium.

CASE XX.—*Morbid Sensibility of the Retina, with Granular Lids*.

—John J., 26. Oct. 21, 1840. About two months since took cold and had "weak eyes," which have never been well since. On first looking at objects he sees clearly, but on further exertion they become confused. Now no visible injection of conjunctivæ of globes. Upper and lower lids slightly granular. C. C. ad  $\text{z}$  viii. for back of neck (left).

23d.—Says that cupping was followed by decided improvement, especially of the left eye, which has continued since. Arg. nit. to granulations of upper lids. C. C. ad  $\text{z}$  vij. from above right scapula.

26th.—Improved, especially right eye, which he now says is stronger than the other.

March 2d.—Sol. arg. nit. (saturated) to lids.

Jan. 4th, 1841.—Eyes continued well till a week ago, since when the dimness of vision has returned. Arg. nit. to granulations. Calomel three cochi and pills.

6th.—Left eye improved. Right eye not so well. Repeat nitrate.

8th.—Both eyes much improved. Continue the same application.

It is often complicated with derangement of other parts of the nervous system; thus I have frequently seen it in females with spinal irritation.

CASE XXI.—*Morbid Sensibility of Retina.*—Susan Perry, 28. April 24, 1844. Not very strong, but no especial derangement of health except pain and weakness at lower spine. Came on fifteen months ago, without obvious cause. Aching through and over eyes after using them. Ung. veratriæ, gr. iij. to  $\text{z}$ .

30th.—Eyes improved since ung. (Has used colly. of veratriæ gr. 1-4 to  $\text{z}$  j. aq. distill., 3 in die.) Eyes stronger on use. Continue same.

May 11th.—Much the same. Recommended cold affusion. Continue oliv. rem.

18th.—Not so well. Disagreeable sensation at stomach. More pain in eyes. Less effect from ung. and collyr. Omit ung., and use ointment of delphine gr. iij. to  $\text{z}$  j. of lard.

25th.—Improved till yesterday, when eyes became worse after fatigue in walking. Apply emplast. picis Burg. to lower spine. (No sensation from ung.) Continue ung. and use collyr. as before.

June 3d.—For some days past has omitted all applications. Take half a wine glass of cold camomile tea 3 in die. Use ung. delph. p. r. n.

11th.—Back and stomach better. Apply imp. Eyes less painful. Continue same.

Oct. 31st.—Much as before. Sol. veratriæ sat. to brows. R. Ferri sulph. gr. j. 3 in die. Lin. am. c. ol. terebinth. to spine.

Nov. 5th.—The same collyr. of Aconitine, gr. 1-16 to  $\text{z}$  ss. aq. distill. Omit. applications of veratrine for the present. Is using sol. ferri citrat.

12th.—Worse after use of wash. Omit it. Resume verat. p. r. n.

In one case, at least, I have seen it alternate with *tic douloureux*, of the face.

It now and then seems to depend on *hereditary influence*, as in the following cases.

CASE XXII.—*Morbid Sensibility of the Retina.*—George K. D., 11. July 2, 1846. Is rather a delicate child, but his health is now pretty



good. Had formerly hooping cough, which lasted more than a year, and for five or six years his pulse intermitted from time to time, but is now regular. He first began to complain of his eyes one and a half years ago, with pain through the eyeballs, confusion of the letters in reading, *muscæ volitantes*, &c. He was directed not to use his eyes in reading, to apply to them frequently one part of brandy with four of water, and to run about freely in the open air.

Oct. 13th.—Has continued the application, &c., as directed. No pain in the eyes for more than two months, and he says that they feel stronger.

CASE XXIII.—*Morbid Sensibility of the Retina.*—Hannah A. D., 35, the mother of the above. Oct. 13, 1846. Applied to-day with the same disease. She says that her health is generally good, with the exception of prolapsus uteri. Ten years ago, after the birth of her second child, while lying on her back reading, sewing, &c., began to have pain through the eyeballs and back of the eyes, with an occasional "blur" before them. Lately the pain has been more in the back of the eyes, and the top of the head. She is obliged to look longer than formerly to see things, and this effort causes pain. The eyes are worse in the morning on first waking. She also has pain occasionally on moving the eyes.

On examination, nothing abnormal is seen, but on pressing the balls some deep-seated pain is felt. Cold applications are most grateful. Directed to rest the eyes, to darken her bed-room, to make frequent application of cloths wet in cold water to the eyes, and to apply to forehead the tr. *aconiti* if the eyes be painful.

### *Symptoms of Amblyopia.*

There are several varieties of amaurotic affections, which for want of a better place, we are obliged to bring under the head of amblyopic weakness. They all differ from *pure* amaurosis, in the fact that the affection of the sight is not permanent but momentary; that is to say, that although for a time the sight appears partially lost, it will again return and again disappear. The most common complaint of patients who apply for advice, is either of pain through the eyeball or around the orbit on using the eyes, or a confused vision after a short use of them. They speak of the letters of the book as running together, of losing their stitches in sewing, of a cloud or mist before the eyes, &c. They say that for the first instant objects appear clear, but soon fade. Pain may be absent in some cases, and in others the affection of the sight, but *generally* both are present, though one usually predominates. To produce these symptoms the retina evidently contributes, but the seat of pain is as evidently in the nerves distributed to the surface of the eye, the conjunctiva and the orbit, probably mainly the branches of the fifth pair. In some cases, indeed, the retina seems hardly involved, for the pain sometimes comes on independently of all employment of the eye as an organ of vision. We sometimes find, it is true, the greatest sensibility on the part of the retina to the impression of light, combined with the

sympathetic affection of the other nerves. Thus I have seen cases in which the entrance of the least ray of light caused the greatest agony.

As in pure amaurosis, so in this disease also, the lids are frequently involved, but in a different manner. In amaurosis there is, as above observed, a *sluggishness* of movement of the lids in many cases, forming frequently a partial ptosis, which the surgeon may remark on the first entrance of the patient. In this disease, on the contrary, in one of its varieties, the patient will tell you that at times, especially towards night, on attempting to look at objects, the lids close over the eye, and in vain he attempts to raise them. He is sensible of a loss of power, though you may see on examination no outward sign.

CASE XXIV.—*Morbid Sensibility of the Retina, with Nervous Affection of the Lids.*—Artemas W., 20, farmer. June 26, 1845. Says that his health is generally good. Present disease is of two or three years' standing. At the time of his attack was a student. Has occasional pain through the eyes. Complains also of weakness of sight, and heaviness of the lids, as if he had no power to raise them. Was directed to bathe the eyes freely with brandy and water, and to apply to the closed lids a mixture of one part of oil of rosemary to three of alcohol once a-day.

Another symptom with which this is occasionally combined, is twitching of the lids, sometimes very troublesome.

The pain in some cases extends from the eye and its neighborhood, to other parts of the head, occasionally to the back of the neck, and I have even known it descend through the arms and legs. In all these cases the nervous system generally was in an irritable state, and the eyes could only be considered as a point of departure.

It sometimes comes on like the ophthalmiæ, with a sensation as if something were lodged under the lids, and this in some cases where you will find no undue injection of either lid or globe. In such cases it evidently depends on over-sensibility of the nerves distributed over the surface of the eye, which gives rise to this illusive sensation.

[To be continued.]

### "GREEN ON BRONCHITIS, &c."\*

[Communicated for the Boston Medical and Surgical Journal.]

THIS huge octavo, is lettered on the back, in formidable gold letters, "Green on *Bronchitis*, &c.;" but the purchaser of the volume will find himself imposed upon by a misnomer, for nothing whatever either novel, important, or useful, is even suggested in relation to "*Bronchitis*." The whole ten chapters are made up of a dissertation upon *follicular* disease, or that chronic form of inflammation in the mucous follicles, so frequently

\* A Treatise on Diseases of the Air-passages, comprising an inquiry into the History, Pathology Causes and Treatment of those Affections of the Throat called Bronchitis, Chronic Laryngitis, Clergyman's Sore Throat, &c. By Horace Green, A.M., M.D., &c. 8vo., 272 pp. Embellished with colored plates. New York and London, 1846. Wiley & Putnam.

occurring upon the lining membrane of the *pharyngeal* cavity, and by continuity of tissue as well as continuity of sympathy extending to the larynx. And accordingly the highly colored plates, which are given to illustrate the text, will be found only to exhibit the various stages of these forms of *sore throat*, including inflammations of the palatum, velum palati, posterior pharynx, tonsils, &c., but nothing is here shown of laryngitis, much less "bronchitis," although this is the style and title of the work. The last plate, it is true, represents ulceration of the *œsophagus*, trachea, and the cartilages, &c. of the larynx, as shown by dissection in a fatal case. But the object of narrating this case or appending this plate does not appear, as it does not serve the purposes of the book.

But the reader who has ever heard any thing of the author, and his early pretensions to originality of practice in this speciality, is destined to a sad disappointment. He will expect to find the proofs that the novel feat of passing an armed probang, *through the larynx*, into the *trachea* down to the *bifurcation*, has been performed, thus curing *bronchitis* by topical applications of his curative means to the inflamed membrane. It was this monstrous assumption which was scouted by the profession, as "ludicrously absurd, and physically impossible." Such professions notoriously made to inquiring invalids, and vaunted as having actually been done upon their own persons, by patients who had been "*educated*" to believe it, when the sponge had been merely thrust for a moment behind the epiglottis; were deemed by anatomists as impugning the professional honor of their author, and all such united in reprobating the whole fiction as worthy only of contempt.

But what will be the surprise of the reader of this work to discover that the author does not even intimate that he has ever done more with his probang and sponge, than has been done a thousand times before, by physicians and surgeons who never dreamed of having performed any marvellous feat, or that they had earned any laurels in the profession. Indeed every man who ever applied topical medication to the posterior pharynx by a probang and sponge, in the treatment of follicular disease of that tissue, has touched the posterior surface of the epiglottis in withdrawing the sponge, and unless very careful indeed, a portion of the contents of the sponge has descended into the laryngeal cavity!

Still further, the passage of an instrument into the larynx, down to the rima glottidis, and chordæ vocales, the author cites the authorities to prove, is not merely possible, but that it has frequently been done, sometimes by design and oftener by accident. And yet he has here ingeniously sought to make the impression that to pass an instrument beyond the epiglottis was regarded by the dignitaries of the profession as utterly impossible, until he, Dr. Green, was "successful in entering the larynx!" And yet, after all that he here describes or even professes to have accomplished in entering the larynx, there is not a syllable of his original pretension of passing through the larynx and trachea down to the bronchial bifurcation. This was what the whole profession pronounced "altogether impossible," as Dr. Green ought to know. Nor would any man in his senses, though but a tyro in anatomy, regard as "impossible," any thing which this book



professes in the way of momentarily entering the larynx. But the author has vastly lowered his pretensions in describing this feat, abandoning the claim, which, though it may have served his purpose *ad captandum vulgus*, when he first mounted this hobby, his discretion has admonished him would not bear repetition in a tangible form, now that he has written a book. The notoriety acquired by the original device with the popular masses, will not be sacrificed by the tacit concessions of its being untenable found in his book, for he has the name of having accomplished what the profession declared to be impossible, by swabbing out the larynx, trachea and bronchia themselves, and many of his patients would doubtless ignorantly prove all this by affidavits. The ingenuity with which, while avoiding any profession of these marvels here, he contrives to make good his claims to have disappointed the profession nevertheless, and constrained them to change their views, by having merely "*entered the larynx*," is no mean evidence of his skill. He thus makes a merit of a necessity, and retracts, with a good grace, all the pretensions which gave him notoriety at first, and which may possibly mend his fortunes before the public mind can be disabused. Be it so, for verily he has his reward.

But it is our unwelcome duty to prefer against the author of this work a much heavier charge, which by the proofs cited will be found to lie against him and his book, the latter furnishing the evidence on every page by which he is self convicted. It is a humiliating task at any time to expose plagiarism, however flagrant, and in ordinary cases we systematically refrain. But when, as in this case, an attempt is made to claim the merit of a new discovery; and especially with such a flourish of trumpets as that which preceded and accompanied the announcement of "*Green on Bronchitis*," we owe it to our outraged profession, and pre-eminently to the cause of truth and justice, to spread before the public the facts of the case, that such literary and professional violations of *meum et tuum* may be held up as a beacon to deter others from hazarding such experiments on public forbearance. We direct attention specifically to the facts and *dates* which follow.

The Royal Academy of Paris, about twelve years ago, proposed their prize for the year 1835, which was awarded in 1836 to M. A. Trousseau and H. Belloc, M. D., for "*A Practical Treatise on Laryngeal Phthisis, Chronic Laryngitis, and Diseases of the Voice*," which was published in Paris during May 1837, translated in 1839, by Dr. Warder, of Cincinnati, and issued at Philadelphia, from the press of A. Waldie, in the latter year, and bears the date of September 2nd, 1839. (See Dunglison's Medical Library.)

In the face of this latter fact, the proof of which lies on our table, in the shape of the volume itself, Dr. Green says, in his introduction, that "*the work of Trousseau and Belloc was translated and published in this country in 1841!*" See page xi., where he also says, "*I had been in the practice of cauterizing the larynx, nearly two years before I had even heard of Trousseau and Belloc!*"

So, then, Dr. Green had never even heard of these gentlemen, or their method of practice, although he was in London in 1838! as he tells us,

and held a conversation with Dr. Johnson on the subject of *the treatment of chronic laryngeal disease*, and that at that time the *suggestion* was made by the latter gentleman, that “*if proper applications could be applied below the epiglottis, no difficulty would occur in treating, successfully, the disease.*” And he adds, “*Acting upon this suggestion, after my return home I made the attempt, and was successful in entering the larynx.*” “*The appearance of the work of Trousseau and Belloc soon after confirmed my confidence,*” &c.

The reader cannot fail to observe that the date of this “*suggestion*” of Dr. Johnson, was 1838, one year after this prize essay of the Royal Academy of Paris had been published, only across the channel; and yet Dr. G. had not then heard of the work, nor of its authors, though he was on a professional tour in London; and he would have us to suppose that Dr. Johnson was equally uninformed, so that he “*suggested*” the desirableness of the identical practice which had been thus distinguished by the French Academy; and this suggestion being “*acted upon,*” resulted in the discovery by Dr. Green in New York, in 1839! of the precise theory and practice taught in the French edition of the work published two years before, viz. in 1837; reprinted at Philadelphia in the English language, as we have seen, in 1839; so that Dr. Green might have read it all in his mother tongue at New York, before he made the discovery! since the book was on sale in that city on his return from London; even supposing that it might have been inconvenient for him to read it in the original French. It seems, however, that he was in happy ignorance of the existence of Trousseau and Belloc, for he had never heard of them until 1841!—two years after he had been successful in cauterizing the larynx! Nor had he ever heard that the Royal Academy of Paris had awarded their prize to these gentlemen for the identical practice which is recommended in his book! The coincidence is *striking! extraordinary!*

The following extracts from the preface to the work of T. and B. bear the date of Paris, May 15th, 1837.

“In the absence of other claims upon the notice of practitioners, we have, at least, that of being *the first* to prescribe and employ *topical medications in chronic diseases of the larynx*. This we believe to be an important step gained in the therapeutics of laryngeal phthisis, chronic laryngitis, and diseases of the voice.” “We have ascertained that the mucous membrane of the larynx is accessible to topical applications, and should be treated like conjunctivitis, *diseases of the pharynx*, or of the skin itself.”

Our limits preclude anything like extended citations, else we might place, in parallel columns, whole pages of the most astonishing *coincidences*; especially when it is remembered that they are written by gentlemen who “*never heard*” of each other, Messrs. T. and B. having published theirs in French, in 1837, and Dr. Green having issued his in 1846, seven years after the former work had been translated and published in America. But the following extract from p. 125 of the Philadelphia edition of 1839, will suffice of itself to show that Dr. Green and his book have been written in vain. Messrs. Trousseau and Belloc say:

“When we wish to cauterize the pharynx, the base of the tongue, and the top of the larynx at the same time, we take a whalebone at least a line and a half thick, that it may not bend readily ;—this is heated an inch or more from one end, and when sufficiently softened, we curve it at an angle of 45 degrees. To this end we fasten a spherical piece of sponge, 6 lines in diameter; the sponge is to be moistened with a solution of nitrate of silver, the mouth opened, and the tongue depressed as before. When the isthmus of the gullet is passed, there occurs an effort of deglutition which elevates the larynx, and we seize this opportunity to draw forward the sponge, which had been at the entrance of the œsophagus. By this manœuvre we get at the glottis, and then it is easy to express the solution into the larynx ; the cough which now occurs favors the introduction of the caustic. The operation often excites vomiting.” “We use the solution of nitrate of silver of various strengths ; sometimes we put a drachm of the salt to two drachms of water, and sometimes only half this strength.”

Here every reader of Dr. Green’s book will perceive how completely he was anticipated *nine years ago* ; and had he contented himself with giving the profession a new American edition of this prize essay, awarding due credit to its authors, and adding the records of his experience in his “*constant and constantly accumulating*” practice ; he might have spared his reputation, and continued to “enter the larynx every day,” as he tells us he “has done for years !” without inflicting upon the profession the humiliation of this exposure.

After this exhibition of facts, a still more painful duty devolves upon the reviewer, which he would fain perform with becoming forbearance to the parties concerned, for all of whom he entertains due respect. But as they have indiscreetly allowed themselves to appear in the “Appendix” of “*Green on Bronchitis, &c.*,” to “substantiate by their testimony what he *claims to have accomplished*,” as the author expressly states in introducing their letters, we are obliged, though very reluctantly, to allude briefly to their evidence.

Dr. Lee confesses that he “did not believe it possible to introduce a foreign body below the epiglottis” until he saw it done by Dr. Green, who he says first introduced this practice into this city in 1839.

Dr. Post only states that he had “strong doubts of the practicability” of this operation, until he saw the practice of Dr. Green, and has since used it successfully.

Dr. Bryan certifies to his having learned this plan of treatment from Dr. Green, and since adopted it.

Dr. Foster states that he has experienced in his own person the benefits of this plan of treatment, at the hands of Dr. Green, &c.

Dr. A. L. Cox certifies to the important fact that when Dr. Green “first mentioned this practice” to him, *he*, Dr. Green, drew his attention to the work of *Trousseau and Belloc*, but the date of this transaction does not appear ; and yet it must have been since 1841, for until then, Dr. Green declares that he had never heard of these French writers. And hence it is clear, that until then, neither Drs. Lee, Post, Bryan, Foster,



or Cox, had known that this identical plan of treatment by topical applications for cauterizing the mucous membrane of the larynx, had been in use in the Parisian Hospitals ever since 1830! or that a memoir from these gentlemen, recording cases of its success in their hands, had been rewarded by the prize of the French Academy in 1836, published in Paris in 1837, and translated at Cincinnati in 1838 by Dr. Warder, who himself testifies to his own experience in its employment in the Philadelphia edition of 1839; and yet, strange to say, neither of these gentlemen seem to have heard any thing on the subject, until Dr. Green enlightened them, after his return from Europe in the very year that the American edition of the work of Trousseau and Belloc appeared in Philadelphia, and in the case of Dr. Cox not until two years afterwards! That all these gentlemen have been misled, therefore, in awarding to Dr. Green what he "claims to have accomplished in these pages," &c., while it exonerates them, should be useful to us all in teaching the salutary lesson, that what appears to be new to us, may not be so to others, and that before we commit ourselves by documentary testimony, we should scrutinize the claims of the man whose pretensions to originality we are called upon to sustain.

The letter of Dr. Cox is especially calculated to enforce this admonition, and can only be ascribed to haste and inadvertence. In addressing Dr. Green he employs the following terms of fulsome adulation, which, as we have seen, are altogether misplaced.

"I have only to express my entire confidence in the general principles of *your* pathology and therapeutics, and am happy to know that *your* exertions in the practice of the noblest of the professions, *is* (?) not unappreciated, either by the patients who employ you, or by that class of the profession who have been sufficiently favored by nature and education, to *transact* (?) for themselves *their own thinking*."

The Doctor may possibly feel the importance of uniting himself to "that class" who are sufficiently favored to do *their own reading*! and thus escape the "bad eminence" of endorsing plagiarism like that in company with which he will now go down to posterity.

Enough has now been said, else it might be worth while to show up the consummate folly of some of the newspapers of New York, which have admitted notices of the author of this book, comparing his "*discovery*" to that of the illustrious Jenner," and claiming it as "contributing to the honor of his country," when, if discovery it is, it belongs to France. But we forbear, since more space has already been occupied with the publication, than is due to its merits.

MEDICUS.

#### THE DISCOVERER OF THE EFFECTS OF SULPHURIC ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

WE find, by an advertisement in one of the papers, that Drs. C. T. Jackson and W. T. G. Morton have made an important invention which has been patented. In justice to a fellow townsman, I will give its true history. The first announcement publicly made was by myself, more than

a year since, in an article written for the purpose of establishing the doctrine that in disease the vital power is diminished, and suggested that in all probability pain was but a peculiar depressed state of the sensor nerves, and in proof stated that stimulants acting upon this system, and having a certain relation to it, would relieve or prevent suffering; and that the dentists of Hartford were in the habit of administering nitrous oxide gas, which enabled them to extract teeth without the consciousness of the patient. The original discoverer of this was Horace Wells, dentist in this city, and he tried the first experiment upon himself. After the idea suggested itself to him, he debated for some time which to use, the gas or ether, but preferred the former as he thought it less liable to injure the system. Being now satisfied of its powers, he went to Boston for the sole purpose of introducing it to the faculty. He presented it to Dr. Warren, who laid it before his class, but the experiment first attempted partially failing, and no one seeming willing to lend him an helping hand, he ceased making any further personal efforts. He especially made known his discovery to Drs. Jackson and Morton, neither of whom had any idea of it until this moment, and must allow Dr. Wells the whole merit of the thing up to this point. We see by the Journal that Drs. J. and M. call their invention a peculiar compound. I was fully satisfied that sulphuric ether was *the* article, as it was known to be among the ingredients, and being there, nothing else was wanting to produce the desired effect. The claim, as published, sets the matter at rest; ether, and ether alone, is used, and the world will easily judge how much right Drs. Jackson and Morton have to patent it. Had they been the first to discover the fact that any gas would produce exemption from pain, and had made it known, they would have deserved commendation. They have not done this, nor justice to the true discoverer. Is there any merit in using ether in place of nitrous oxide gas? Certainly not, for the properties of the two things are so alike in this respect, that one is constantly used for the other, and for months I supposed our dentists were using both; and the idea of allowing any man a patent for the use of the one after the effects of the other were known, is preposterous. Dr. Wells's experiments were numerous and satisfactory. One fact discovered, is extremely interesting. It is that however wild and ungovernable a person may be when taking the gas, simply for experiment, he becomes perfectly tranquil when it is inhaled before an operation: that the mind being prepared, seems to keep control over the body, indisposing to any effort.

Unfortunately it is too true, that mystery, as of a nostrum, is frequently required to induce people, and sometimes the profession, to notice an improvement, and thus far perhaps thanks are due Dr. Morton for compelling attention; yet we must give Dr. Wells the credit he justly deserves of making the discovery, spending time and money in its investigation, and then in nobly presenting it to the world. It is to be hoped every other gas and substance capable of exciting the nervous system may be experimented upon, but we hope no one will think of patenting any if discovered to be similar in its operation.

P. W. ELLSWORTH.

*Hartford, Dec. 9, 1846.*

## ARTIFICIAL PUPIL.

[Communicated for the Boston Medical and Surgical Journal.]

WITHOUT going into the history of this important operation, or signaling the various modifications it has undergone since the days of Cheselden, its great originator, we merely propose to state the precise position it now holds in modern surgery, and those rules, both in regard to diagnosis and practice, which lead to the most favorable results. We are led to this, from the fact, that in the opinion of too many physicians, the eye is considered a most delicate organ, and operations are frequently neglected in America, because the most cautious manipulation is supposed to be requisite for anything like success. But undoubtedly the greatest difficulty lies in the diagnosis, and when the surgeon is confident in this most important essential, a few hours' practice upon the phantoscope will eliminate every source of failure. Indeed, were many of our rising surgeons more accustomed to this mode of practice upon the dead eye, the number of apparently hopeless cases of coccity which are now seen in the streets and almshouses of all our large cities, would be greatly diminished, and the quick observation of Americans could add vastly to the statistics of an highly cultivated art. Let us then glance at the most important of those conditions which lead to the employment of this process.

The first indication for the formation of artificial pupil, may be sought in an impaired condition of the cornea, such as central ephelion or albugo, from ordinary superficial ulceration ; but the process of cicatrization may be so much assisted by appropriate treatment, that the operation can often be dispensed with ; thus, in cases of subacute superficial ulceration, the ung. precip. rubr. hydrarg., mentioned in a former paper (Vol. XXXIV., page 293), may be used with the greatest success, although the whole surface of the cornea seems opaque. Strabismus usually arises from this central affection of the cornea, and unless the cicatrix can be diminished by appropriate means, the divergence of the globe is only remediable by a displacement of the pupil. And again, in cases of superficial vascular keratitis, dependent upon chronic granulations of the eyelid, the sulph. cupri may be applied to the irritating cause, whilst sections of the enlarged vessels at the junction of cornea and sclerotica, persevered in for a few weeks, will give so much translucency to some portion of the cornea, that the operation may be resorted to, with every prospect of success. To illustrate the success which may attend a careful treatment of this kind, I will mention an amusing incident witnessed at the clinique of Prof. Desmarres, of Paris, in the spring of 1845. A stout laborer presented himself to demand a certificate of hopeless blindness ; he had been engaged in the Royal mines of Normandy, and, by a sudden explosion, received several contused wounds of the corneæ and the annexes of the eyes. The organs seemed hopelessly opaque, and presented, in parts, the appearance of indolent ulceration, with vascular keratitis. He had seen the most distinguished surgeons of Paris, and presented a certificate bearing their signatures, which would entitle him



to a pension from Government. The signature of M. Desmarres was refused, because he still saw hope of an ultimate operation; he therefore prescribed his usual treatment, and, after the expiration of two or three weeks, the cornea of one eye was sufficiently clear to admit of operation. An artificial pupil of perfect form was therefore made, inferiorly and towards the temporal edge of the iris. The operation was crowned with the most perfect success. The man unfortunately lost his certificate, but still retaining his Norman acuteness, he had the audacity to present himself, with regained vision, to the very same surgeons who had before signed his papers. As he took pains to conceal his new pupil beneath the lower palpebrum, it actually escaped the attention of the observer, and the consequence was, the renewal of his papers. Bearing these in his hand, he came, in the highest glee, to the clinique, and submitted to another operation, which formed a new pupil in the opposite eye and towards the inner canthus. The man was discharged with his cleverly-obtained certificate, but without diplopia, and vision in every respect as good as after the most favorable operations.

A second indication is an affection of the iris alone, when either from excessive inflammation, or a treatment which has not foreseen the possible unfortunate results, we notice the effusion of large quantities of plastic lymph within the pupillar orifice, causing perfect atresia. After the subsidence of the acute inflammation, this organized product may have obliterated the field of vision without causing much deviation from the vertical position of the iris, and perfect blindness may result, unless absorption is so far favorable as to produce a small lacuna through which light may reach the retina; but it is exceedingly rare that nature can in any degree overcome the effects of the disease. On such occasions, a nice differential diagnosis must be resorted to, or else the condylomata of syphilitic iritis, which are generally to be influenced by the protiodidi hydrarg., may be mistaken for a more serious affair, and the knife unnecessarily be used.

The third indication is when there is a complicated affection of both cornea and iris; thus when perforation has taken place, and the two adhere, as in leucoma with anterior synechia, in posterior synechia with the effusion of lymph upon the capsule, and in all the traumatic proidentia.

In these conditions, the surgeon should not neglect the preparations of belladonna, if the adhesions are not too firm; and even if they are of old standing, in many cases a small lacuna may be formed, the importance of which will be noted in a subsequent paragraph. The most efficacious formula is that of Prof. Desmarres, which he uses in all acute perforations of the cornea with proidentia, as well as when there is imminent danger of perforation. *R. Fol. belladonnæ, fol. hyoscyami, aa ʒ jss.; aq. fontan., Oj.; cui adde ext. belladon. recen., ʒ v.* M. Filter and surround with ice. Apply a compress steeped in this liquid to the orbit every five minutes, and at each removal instil one drop with the lids. The patient, of course, should carefully keep the recumbent posture.

The false cataracts should also be noticed, particularly that produced by perforation and posterior synechia; in some cases the adhesions which

bound cornea, iris and capsule together, gradually yield, or are absorbed, and a small tubercle of lymph is left upon the centre of the capsule, effectually blocking up the usual centre, but leaving the iris free. It is true, however, that *vegetant* cataract is gradually diminished; yet the field of the pupil is too much impaired for vision, although the circumference of the lens is left so transparent, as is proved by dilating the pupil, that it is only requisite to displace a portion of the iris, that the rays of light may reach the retina through a still efficient medium.

Congenital atresia also furnishes a rare indication, when the pupillar membrane remains after birth and a proper aperture is not established; and rarer still, the cataracta pigmentosa may demand the interference of the surgeon.

*Essential Conditions of the Eye for Operating.*—In all cases, there must be a prospect, if it does not already actually exist, that a sufficient portion of the cornea will be transparent, in order to have a relation with the proposed pupil; and the rule should be established, that if the keratitis is overcome, and however small the portion which has been left intact by the inflammation, the knife must be used. As a matter of course, transparency of the lens is an essential, yet the surgeon may believe the whole to be opaque, when a dilatation with belladonna will prove that a greater portion still permits the passage of light. We here refer to *vegetant* cataract, and cases in which there is partial adhesion of the iris to the capsule, when the dilatation proves that the part of the capsule implicated in the adhesion is the only portion affected. And even if there should be perfect opacity of the lens with partial adhesion, the surgeon may still displace his pupil, and if the cataract is sufficiently soft, he can open the capsule and cause its absorption in the manner of Desmarres, which I described and illustrated last May, in the *Boston Medical and Surgical Journal*. In such cases, however, the surgeon should first open the capsule *in situ*; and, in all probability, so large a lacuna will be formed as to render further assistance unnecessary.

Should there be granulations on the lids, let them be perfectly removed before attempting an operation, or else the adhesion of the corneal flap will be seriously retarded by suppuration.

Another most important condition is the sensibility of the retina; and if a physical diagnosis is impossible, still there are many rational signs which may lead to a correct judgment. As a general rule, however, whenever the eye, being turned towards a strong light, can distinguish the passage of opaque bodies, we should operate, unless there is complete amaurosis in the opposite eye; for it is well known, that from its imprisonment the retina loses its susceptibility to light, and only requires careful exercise to re-assume its functions. Should there be external inflammation of any kind, let it be carefully removed, or else the opposite eye may suffer after the operation; and if the affection be chronic internal, the paracentesis of Desmarres may be resorted to, with every prospect of an aborting effect. If atrophy of the eye exists, or is threatened, the operation must be firmly rejected.

Many surgeons are opposed to the operation in young children; but

having seen many operated on at the earliest age, I cannot see the force of their objections. Violent purulent ophthalmia of new-born children, in Paris, produces conditions which indicate this operation, and of the many cases in my experience there, I do not remember a single failure, but am inclined to attribute the alleged bad results to improper selection, bad position in operating, and, most of all, a neglect to overcome every vestige of the preceding inflammation.

Before speaking of the modes of operating, it would be well to notice the proper position of a proposed artificial pupil, as some surgeons state that the operation will succeed better, if performed towards the inner canthus than the outer, and vice versa; but in all cases, however, of the single operation, it should be understood, that the nearer it is placed to the original aperture, the more perfect will be its success. Many are averse to an operation, when vision is perfect in the opposite eye, from an idea that the retina is only properly sensible in a space near the visual centre, and that diplopia will result from surgical interference, even if the operated eye is at all subservient to vision. But to disprove this statement, it is only necessary to refer to those cases in which vision is lost by apoplectic causes; and when these are removed, the field is so much changed as to require certain unnatural positions of the organ or object, before a just appreciation; thus if moveable, it must be placed far above or below the axis of the pupil, or to its right or left; and again, when there are several adventitious openings in the iris from a condition hereafter to be mentioned, so many objects are represented on the retina as to cause total confusion.

According to the best physiologists, the condition of single vision is supposed to be thus: two images of the object presented should be formed in parts of the retina, which are accustomed to act in concert, and habit is the chief means by which this conformity is produced. This is proved by the case of several perforations in the iris just mentioned, and a still stronger may be sought in convergent strabismus from a deviation of the muscle, for example: at first, there must be undoubted diplopia, because the usual mode of connection is disturbed, and the impression is conveyed by a new channel; yet a little time and exercise only are requisite to render it perfect.

In a pair of healthy eyes, the relation of the axes of the pupils or the angle of incidence formed by lines proceeding to the retina from the object, are *fixed*, and if an artificial pupil is to be formed, it must preserve this relation to the existing pupil, or the operation will be a failure. Thus in a case presenting one healthy organ, the interference of the images may be prevented by forming the new aperture in the inferior and external portion of the opposite iris, which will preserve almost exactly the same angle and such natural convergence of rays as is necessary for perfect vision. When vision is lost in both eyes and the operation is not contra-indicated by any of the conditions before mentioned, it may be restored in both by an attention to this rule. Taking the case of blindness dependent upon an impaired condition of both corneæ from gonorrhœal or purulent ophthalmia, the surgeon should most particularly ap-



ply his remedies to the nasal portion of one and the temporal part of the other, then after having restored transparency to each, let the pupils be formed in these positions, and it will be found that the angular relations necessary for vision are almost perfectly preserved. As a matter of course, single vision cannot be expected for the first few days, because new portions of the retinae have been interested, and if only one pupil has been formed, the sound organ must be closed, and the operated one cautiously exercised on surrounding objects until the habit is formed.

If in forming two pupils, the angle of convergence is not preserved by any accident which may occur, thus making both pupils towards the inner canthi, there is but one known remedy for the consequent diplopia; the capsule of the lens in the most imperfect eye must be irritated, and a traumatic cataract be formed by the introduction of the ordinary couching needle, in an appropriate manner.

The last rule is always to place the pupil as low as possible, in order to prevent its being obscured by the upper palpebrum.

The operations for artificial pupil may at the present day be reduced to those of *excision* and *decollement*, or *separation*; the first, by entering the anterior chamber through an aperture made near the circumference of the cornea and the excision of a portion of the iris; the second, in puncturing the cornea in some portion of its surface, and the introduction of a fine hook, by means of which the iris is to be separated from its ciliary adhesions, and brought through the wound, there to be retained by the adhesive process, as in the case of traumatic proci-dentia. In nineteen out of twenty cases, the former operation is to be preferred, from the fact that the opening, which in the case of decollement is in the centre of the cornea, is now made in the corneal and sclerotal junction, and there is consequently less danger of a disorganizing inflammation, that the forceps can command any portion of the iris, and in eyes having an amaurotic tendency, the aperture can always be made to have a relation to the diminished sensibility of the retina.

Let us, therefore, state a general and *most important* rule: whenever a portion of the iris is free, or a lacuna, however small, exists, so that it is sufficient for the use of the delicate forceps, resort to the operation by excision.

Still, when there is opacity and anterior synechia, or perfect atresia, we are compelled to resort to decollement, and in some cases of proci-dentia the vertical fibres of the iris are rendered tense and more evident on inspection, than they should be, whilst the action of the concentric layers produces a number of minute openings in the iridian septum and renders excision impossible. In this case, even the operation of decollement must be modified, although the rule for making the puncture of the cornea parallel to the base of the proposed pupil holds good; but if the crochet is applied in the usual way, it will tear its way through these minute apertures, without separating the ciliary attachments, and a fissure, rather than a pupil, will be the result; it is, therefore, to be applied obliquely to the plane of the longitudinal fibres, and withdrawn in the usual manner.

*Position of the Patient during the Operation of Excision.*—For the extraction or depression of cataract, it is usual, now, to place the patient in a low chair, without a back ; but in artificial pupil, the surgeon would succeed better by employing a narrow bed of sufficient height to allow himself and his assistant freely to manipulate. The great object is to command the forceps within the wound, in such a manner that no more or less of the iris shall be abstracted than is absolutely necessary ; and moreover, when the bed is used, there is less danger of the knife slipping from a sudden motion of the patient, thus making so large an opening in the cornea as to permit a prolapsus of the iris, such as would destroy all symmetry of pupil. The restlessness of children may also be prevented by bandaging securely upon a suitable board, and placing them on the bed.

*Operation of Excision.*—The first important step is the separation of the eyelids ; and at the present day, the Parisian surgeon rejects elevators of every shape, as the finger of the assistant is less embarrassing, and being a sensitive organ, can be instantaneously adapted to circumstances.

For an operation on the right eye, the assistant makes use of the indicator and middle fingers of his left hand, which are previously rubbed with chalk ; the pulp of the indicator is placed so that its extremity may approach the free edge of the upper lid ; then by pressing and elevating at the same moment, the palpebrum is slightly raised and retained in this position until the middle finger advances to perform a similar manœuvre. This is continued until the pulps of both fingers command the tarsal edge of the lid, and it is now only necessary to fix it by pressing firmly against the superciliary ridge ; the command of the lower lid is then to be left to the left hand of the operator himself. Before even this preliminary step, the extract of belladonna should have been applied freely to the orbit, in order to dilate the small lacuna which induced the operation, and at the same time to facilitate the use of the forceps.

The instruments required are, a pair of delicate straight or curved forceps for the iris ; the straight double-edged knife for entering the anterior chamber, when the pupil is to be towards the temple, or if towards the inner canthus, a modification of the same may be used, the blade of which, forming an obtuse angle with its handle, enables the operator to overcome the saliency of the nasal bones ; a small probe-pointed bistoury for enlarging, in case that the first incision is not sufficient, and a pair of fine scissors for excising the iris when it is brought through the wound.

The first step in the operation is to fix the globe of the eye in order to prevent all possibility of a sudden procidence of the iris, in consequence of an abrupt movement before the incision is perfectly completed and the knife withdrawn. A pair of fine Assalini's forceps should be placed vertically upon the globe of the eye, and opposite to that side of the iris upon which we propose to operate, and then pressed firmly against the conjunctiva, before its teeth are allowed to engage. If this simple manœuvre is not performed with sufficient firmness, considerable inconvenience will result at the second stage of the operation, as was my own ill fortune on more than one occasion, whilst assisting Prof. Desmarres. If the steadying forceps are not pressed firmly against the

globe, the conjunctiva alone is interested, and the shock of entering the cornea causing the patient suddenly to change the position of his eye, a large strip of this slightly adherent membrane will be torn up, and the hæmorrhage arising from this source may seriously impede the operation, by causing an ephæma, or effusion of blood in the anterior chamber. Let the assistant, then, press firmly, so as to embrace some of the sclerotic fibres, and however violent may be the agitation of the organ, its motions can readily be controlled. Besides the effect of steadying the organ, these forceps, in the hands of an intelligent assistant, may be of the greatest service to the operator, whilst actually engaged in the second time of the operation. The eye having been thus secured, the surgeon places the point of his double-edged knife at a small distance behind the fusion of cornea and sclerotica, so that its blade may be in front of, and parallel to, the plane of the iris. This locality for the operation was first chosen by Desmarres, from the fact, that the vascularity of the sclerotica was such as to render it less subject to re-action, and thus the chances of traumatic keratitis and severe inflammation might be greatly diminished.

Whilst the surgeon is thus entering the anterior chamber, the assistant with his steadying forceps should gently direct the globe of the eye towards the operator, in order to afford some resistance to the knife; and when its point is seen at the pupillar margin, the motion must be reversed in order to give support, whilst the aperture is enlarged at its inferior edge, by the cautious withdrawal of the instrument. The second time is completed by withdrawing the knife so gently as to prevent the sudden escape of the fluid in the anterior chamber and consequent procidentia, and at the same time, ephæma from the divided vessels, or bubbles of air by incautiously elevating the corneal flap. The production of ephæma and bubbles of air may, however, generally be remedied by elevating the flap and pressing upon the cornea, but procidentia iridis must be most strictly guarded against, or an ill-placed pupil, or one much larger than fitted to the condition of the retina, may be the consequence—accidents entirely beyond all remedy.

For the third and most important time, we make use of the delicate straight or curved forceps, which are placed within the lips of the wound and passed slowly onwards on the plane of the iris, until their closed extremities reach the pupillar margin, or the small lacuna which indicated the operation. The forceps are then made to seize the margin of the iris, at the desired point, and then must be withdrawn, bringing with them a portion of the iris, which, if not completely lacerated by their means, may be separated by the fine scissors when brought through the lips of the incision. During the third time, the greatest care should be exercised in the introduction of the forceps, that their extremities are not depressed, or when the teeth are brought in contact, a portion of the capsule of the lens may be seized with the iris, and the most perfect artificial pupil be rendered useless by the production of a capsular cataract. In the case of a very unruly child, I remember to have seen the capsule pinched with the iris, and its ensuing opacity created great doubts as to



the favorable result ; but fortunately a few days sufficed to restore its transparency.

If the first introduction of the forceps has not withdrawn a sufficient portion of the iris, it is always proper to return and seek an additional fold, unless the surgeon finds that there is an unexpected softness of the vitreous humor and a tendency to its escape.

In old cases, the practitioner is sometimes embarrassed in his operation by false membranes, which he little anticipates, developed behind the plane of the iris. A case of this kind having fallen under my notice at the clinique of Desmarres, and possessing considerable interest, I shall detail it briefly. The patient had been operated on fourteen years before by Prof. Roux, for cataract by the process of depression, which resulted in intense inflammation, causing the formation of false membranes in the pupil and perfect loss of vision, although a small lacuna existed and the retina could still appreciate the changes of light. The opposite eye, many years previous to this, had been lost in consequence of decided staphyloma of the ciliary bodies. The operation for artificial pupil by excision was performed by Dr. D. in the usual manner, when, after the formation of a perfect pupil, to his great surprise he found a thick, cartilaginous plane, behind, and parallel to the iris. His method in this extreme case was exceedingly decided, and as follows. The pupil being formed, he enlarged the incision in the cornea, and elevated the flap with a fine crochet, whilst at the same time he directed me to puncture the membrane with a fine cataract knife ; seizing one of the lips of the incision, with a pair of fine forceps, he dissected an opening in the false membrane of the same dimensions as the pupil which he had already formed. The piece he thus abstracted was as hard as cartilage. Of course the eye collapsed to a great degree, but a few days sufficed to restore it to its normal condition ; the adhesion of the flap was most favorable. I am unfortunately unable, on account of my early departure after the operation, to say whether the retina, which had been so long imprisoned, has yet completely resumed its functions.

After having tested the vision of the patient, the eye should be gently closed, and the lids kept in contact by means of two or three strips of the ordinary court plaster ; this method enables the surgeon to examine the organ at any moment, always remembering, however, to commence the removal of his strips from the upper lid. If all anterior inflammation has been carefully removed, the after treatment is exceedingly simple, such as the recumbent posture, with the head slightly elevated, in a darkened room, diet, simple saline purgatives, and sometimes a venesection of precaution.

ROBERT KING STONE, M.D.

*November 1st, 1846.*

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#### A NEW ARTICLE IN THE TREATMENT OF GANGRENE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I believe it to be a duty which I owe to science and humanity, to communicate to the profession, through your Journal, the result of

some speculations and experiments I have been making in regard to an apparent specific in gangrene.

I have good reason to believe that *Sanguinaria*, given as a decoction, or in tincture, probably the former is to be preferred, will prevent and arrest mortification. That it will do so in cattle I am certain, and I have reason to suppose that its effects upon the human subject would be no less beneficial.

As no surgeon can be expected to carry his love of experiments so far as to allow gangrene to commence for the purpose of arresting it by a new remedy, and as it may be difficult to say absolutely, that mortification would have taken place, where preventive measures have been seasonably prescribed; I cannot declare so positively as might be wished, that *sanguinaria* is a specific for gangrene; but I am so well satisfied of its good effects where a powerful antiseptic remedy has been indicated, that I should not feel justified in withholding my impressions from my professional brethren, nor, if I am not *too sanguine*, the benefits of such a discovery from the public.

Whether given in tincture or decoction, the dose must of course be graduated to the strength of the patient, and so given as not to produce violent nausea or vomiting.

Dr. Mott is the only individual to whom I have communicated the above information.

Very respectfully yours,

New York, Nov. 28, 1846.

H. BOSTWICK, M.D.

## INHALATION OF SULPHURIC ETHER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your last No. I notice a series of remarks in reply to my article in the previous one of Dec. 2d. on the subject above named, by Dr. Henry J. Bigelow—not *Professor Jacob Bigelow, M.D.*, as I find many are led to suppose.

I would commence what I have now to say in the words with which the doctor closes, “I am not ambitious of controversy.” I do not think I have either taste or tact for it; and if Dr. B. is satisfied with the “position which he has assumed,” I will not endeavor even to divert him from it. I am satisfied with mine. Let us agree to differ.

The doctor is displeased with some points in my article, and “regrets that they should have emanated from so respectable a quarter”—“from a gentleman for whom” he, “in common with others, entertained much respect.” It may be that he and I differ here again on the definition of the word *respectable*; for to my mind a man who can be influenced by such unworthy motives as the doctor attributes to me, can have no just claim to respectability.

Your correspondent talks of the *invention* of which he says I am “anxious to take possession.” I discover no invention in the case under consideration, for me to take possession of. If he thinks that I refuse to allow to Dr. Jackson and Mr. Morton their right to “their discovery,”

he misunderstands me. There is nothing of the kind in my article. I would only deny the right of discovery to the *latter* ; but I do deny the right of *either* to *patent* the *discovery* of an *effect*, whether old or new, of an old and familiar medicine. I most cordially acknowledge *Dr. C. T. Jackson* as the discoverer of the applicability of the ethereal vapor to surgical operations ; but here is still only the application of an *old* article to a *new purpose*. I would joyfully award to him all the honor and emolument which should attach to this discovery ; and the *patent also* if I could see it to be just.

When Dr. B. holds me up as one of those individuals who would unjustly "share the profits," "or the equivalent which the public is returning to the inventors," when he places me among "*ex post facto* inventors," "parasites who settle upon every recent invention of any pecuniary value," I cannot but feel sorry that he has allowed himself to indulge in such personal detractions, and in insinuations which point to nothing which is true. Yet, at the same time, it is a satisfaction to feel assured, that if the young man had but shown his manuscript to his father, or to any of his seniors in our profession, they would have advised him to have made some different use of it, than that of publishing it in the Boston Medical and Surgical Journal.

But I was yet more sorry, when, not satisfied with that, he should, in his earnestness to show me up to the public in the light in which he had viewed me, allow his friend "*Doctor*" Morton to spread his article all over our city in the Daily Advertiser, before the Medical Journal was half folded for distribution. I have no remark to make on this procedure.

My views of the discovery in question and the patent, are not altered ; they are in the Journal and in the newspapers of our city. Dr. B. can read them there. If he still thinks I am wrong because I am not satisfied with the manner in which the discovery has been introduced, I have the gratifying evidence that I am not alone, and as proof of this I would point him to an editorial article in the last No. of the Medical Examiner of Philadelphia, which I believe is quoted in this No. of the Journal.

Dr. B. does not understand my "logical sequences." Good reason for it. After he has drawn together various quotations from my article, he has thrown around them such a cluster of stars \*\*\*\*\* that his own mental vision is probably dazzled 'thereby, or else he has obscured the sense by *his transposition* of my sentences.

Dr. B. is still inclined to insinuate that there are conventional secrets among dentists. I still deny the truth of the charge, and I have written testimonials to support me in this, from more than three times "three of the most eminent," &c., nay from *all* those whose testimony I now desire. And I can assure the doctor that he need not in future seek among dentists or apothecaries to prove that I have falsified my word—I will never deceive him. That which I say, and especially that which I publish, I know to be true. And in his last hold on this point—the subject of secrets concerning the manufacture of mineral teeth, if he will call on me I will put into his hands a printed volume which every dentist can obtain if he wishes, containing an account of all the materials used for



these teeth, and more formulas for compounding them than he can find for making pills in any pharmacopœia in the country.

But I have done. I did not intend to say so much when I began. But I cannot close without adding, that although I have felt *hurt*, and *wronged*, by our young friend's unkind treatment, I have no hard or unworthy feelings towards him on account of it. I do not know him, so as to recognize him if we meet, but should we at any time come together so that I may, I shall most willingly take him by the right hand with all due kindness and consideration.

J. F. FLAGG.

No. 31 Winter street, Boston, Dec. 10, 1846.

## INHALATION OF ETHEREAL VAPOR — PAINLESS REDUCTION OF A DISLOCATED SHOULDER JOINT UNDER ITS INFLUENCE.

By S. Parkman, M.D., one of the Surgeons of the Massachusetts General Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

THE attention of the medical profession having been so extensively called to many applications of the discovery of Mr. Morton, the following instance of its employment may not be uninteresting to your readers, as indicating a class of cases in which its use may be of the greatest value.

A stout healthy carpenter applied at the Mass. General Hospital this afternoon, with a dislocation of the left shoulder. The accident happened last evening, from slipping on the side-walk. Ineffectual attempts were made this morning by a practitioner, at first unaided, and afterwards with the assistance of several other persons of fair bodily power, by means of a sheet, &c. In the absence of Dr. Hayward, the Visiting Surgeon of the Hospital, I was sent for to take charge of the case. The dislocation was *sub-coracoid*, presenting the usual appearances. The pullies and counter-extending band being applied in the customary manner, the inhalation was commenced under the superintendence of the house physician, Dr. Bertody, by an apparatus furnished by Mr. Morton to the Hospital. After about two minutes its influence was seen to be established, indicated not so much by any decided apparent insensibility, as by a certain incoherence of manner, unattended, however, by any attempt at resistance or the like; the patient said he "had got enough." Traction was commenced, and after, say a couple of minutes, the head of the bone was felt to move, and at once entered the socket with an audible snap. During this time not a groan escaped the patient, neither was there the slightest resistance felt on the part of the muscles in the vicinity of the joint. The patient's manner continued slightly incoherent for a few moments, but he soon recovered himself, and denied having experienced the slightest pain, though he remembered the sensation of the snapping of the bone into its place. I need not say that having already experienced the pain of previous ineffectual and somewhat prolonged attempts, he expressed himself highly delighted and was profuse in his compliments.

The power exerted by the pullies was very slight, and I feel confident that I could have reduced the bone, unaided by them, with my hands

alone. I am in the habit every year of producing this dislocation, among others, upon the dead subject, for demonstration in the lectures of Dr. Warren, and it is worthy of remark with what ease these factitious dislocations are reduced; in fact it is hardly possible to handle the limb without the head of the bone flying into the socket—showing the muscular power to be the chief, if not sole obstacle in these cases in the living. In the instance above detailed, so utter was the abolition of the muscular power, and so easy was the reduction, that I was strongly reminded of my experiments upon the dead body.

The application of this agent to this class of cases has undoubtedly suggested itself to every one who has seen its employment, and it only remains to apply it to a dislocated hip joint to add another to its triumphs. In cases of dislocations it will probably not only annul pain in the patient, but render unnecessary those violent exertions on the part of the surgeon, which are by no means agreeable to the by-standers to witness, or to himself, on a hot July day, to make.

December 9, 1846.

#### SEQUEL TO DR. PEIRSON'S OPERATIONS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The operations detailed in your Journal of Dec. 2, as performed under the effects of Dr. Morton's anodyne vapor, were stated to have been attended with no symptoms worthy of note up to the date of my communication. In the course of that week each of the wounds became sloughy, and a small piece of the skin of the flap was lost, in the second case, over the end of the fibula. The wounds soon cleaned off, and no consequences of importance followed, and I should not have thought it necessary to trouble you with a communication on the subject, but for a conscientious desire that all the facts in regard to this important discovery may be announced. As far as I am able to form an opinion, I attribute none of these consequences to the vapor, but believe them to have been accidentally coincident, and not to be expected more than in operations under other circumstances. The healing of the wounds is at present going on in the most perfect manner. In my last communication a blunder in the manuscript made me say "superior fossa of the *clavicle*," which every medical reader will see, means "*scapula*."

Yours with much regard,

Salem, Dec. 7, 1846.

A. L. PEIRSON.

#### THE BLESSINGS AND BENEFITS OF THE MASS. M. SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Permit me, through your very useful Journal, to inquire whether any patent has been obtained for the *modus operandi* of reconciling the principles and avowed objects of the Massachusetts Medical Society, with

the recent practice of some of its leading members. Probably but few country practitioners are acquainted with the process, and we presume they would be willing to pay for the secret, not only because any man, unless he be one of the veriest numskulls in the world, must readily perceive that all future discoveries in medicine, especially if they be important ones, may be patented under the auspices of a part of the members of the M. M. Society, and the secret sold to another part, but also because the inventor must be a man of very surprising genius.

We would suggest that as opium and other narcotic remedies administered for the prevention or relief of pain, whether they be taken into the stomach, injected into the rectum, rubbed upon the skin, or inhaled into the lungs, have no direct tendency to cure disease, except in cases where they prevent the shock of a surgical operation, or save the powers of life from being frittered away by continued agony (in which case it must be agreed on all hands they work even curative effects); and also as vaccination for the prevention of smallpox has no direct tendency to cure disease; and moreover, as the discovery of a remedy for the prevention of phthisis would have no tendency to cure disease; so also it seems naturally to follow that as the reconciling of the aforesaid principles with the aforesaid practice would have no tendency to cure disease, no objection ought to be made against its being patented.

By the way, we would inquire whether as new patents come out for new discoveries in medicine, the country practitioners may take turns with the city practitioners in writing the puffs and paying for the patent.

Finally, we might suggest to the members of the Massachusetts Medical Society the propriety of exercising all due meekness and quietness while the patenting business is going on, and of submitting to everything to which they are obliged to submit.

*December 10, 1846.*

A MEMBER OF THE MASS. MED. SOCIETY.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 16, 1846.

*Professor Desmarres, of Paris.*—From the warm and hearty expressions of gratitude manifested by all the American medical students who have had the advantage of this eminent man's teaching, it is apparent that he is a rising star in the great theatre of European surgery. Courtesy of manner towards strangers and pupils, in a medical teacher, will do more than gold in laying a foundation for distinction. This gentleman's kindness of manner, and devotedness to the best interests of Americans who visit the medical and surgical institutions of Paris, have secured for him in the United States a great body of personal friends, who will keep in perpetual remembrance his civilities, as well as his untiring efforts to place those who seek his assistance in the very focus of surgical knowledge. We are gratified to be able to make honorable mention of such uniform attentions to our countrymen.



*New England Popular Medicine.*—An octavo of 608 pages, having this title, has come to our address, from Providence, R. I. It is essentially a medical dictionary, embracing popular names of diseases, and of articles prescribed as remedies by physicians. If it has any advantages over other works on popular medicine, and we believe it has over most, it should take the precedence of them. One reason which we can readily assign for feeling more respect than is ordinarily manifested for such kinds of books, grows out of the fact that a venerable and respected contributor to the pages of this Journal, David B. Slack, M.D., assisted in the compilation. Nothing that would compromise the dignity of the profession to which he belongs, or mislead the unlearned who may consult the volume bearing his name, would be likely to flow from his pen. George Capron, M.D., of Providence, appears to have been the principal author, and Dr. Slack very modestly appears only in the character of an assistant. Neither animal magnetism, clairvoyance, or the feats of Miss Brackett, the revealer of secrets in the moon and other great subjects some years ago, which made a profound impression on the late Col. Stone, are anywhere chronicled; and the inference, therefore is, that Dr. Capron has no confidence in mesmerism—since, if he had, an excellent opportunity was afforded in his system of popular medicine, for sowing extensively the seeds of his belief. An examination of some of the leading articles, where the authors were obliged to exercise their ingenuity to make themselves clearly understood by persons wholly unacquainted with the ordinary language of medical science, the technicalities of which have necessarily been cautiously avoided, shows that they have succeeded admirably. It is our impression, too, that practitioners may here find much to admire, if they can get over the idea that when a description of diseases or the remedies employed for subduing them, are popularized, they are unworthy of their consideration. All the sciences should, as far as possible, be brought down to the comprehension of the people; the more the mass knows of the value of the true fountain of knowledge, the more implicit will be the confidence of all classes in the acquirements and skill of their medical advisers. We advocate all the available processes for enlightening the most ignorant of mankind—which have in view the one idea of raising them in the moral scale of being, but contend that it should not be attempted by incompetent men.

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*Macilwain's System of Surgery.*—Through the politeness of Dr. E. L. Dudley, of Lexington, Ky., for which he will please accept our acknowledgments, we are possessed of a copy of what those who read will unhesitatingly say is an original work. The title runs thus: "Medicine and Surgery one inductive Science; being an attempt to improve its study and practice or in closer alliance with inductive philosophy, and offering, as first fruits, the law of inflammation; addressed particularly to the medical student and the profession, but easy and intelligible to the public also; the whole being the introduction and first part of a system of surgery. By George Macilwain, &c., London." This author, no doubt, is looked upon as an Ishmaelite, by those who know him in England, whose hand is against every man and every man's against him. He is positively a bold thinker and a fearless writer. He must be unpopular, of course, because there is a lack of moral courage with a vast many of the medical profession, both at home and abroad who have such tremendous organs

of caution that they are exceedingly careful not to commit themselves by an opinion, till they have ascertained which is the popular side of the question. As soon as there is an opportunity, we shall give a special analysis of this curious volume.

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*Health in Michigan.*—A correspondent writes from Pontiac :—

“There are a few cases of smallpox in this vicinity, probably brought here by some of the host of foreign emigrants with which the West swarms. It is now healthy in the West, although there has been more sickness during the past season than I have ever before known. The diseases of this part of Michigan are now changing rapidly, and assuming the character of New England diseases.

I have intended to send you some accounts of medical practice here, but my time has been so much occupied that I could not. At some future day I may say something of the new mineral world lately opened on Lake Superior, which I visited early last summer.

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*Insensibility during Surgical Operations produced by Inhalation.*—In referring to the new process of inhalation of ether, in the Journal of Nov. 18, we alluded to the future decision of the profession in regard to its real value. We feel bound to make known that decision as far as it reaches us, and as part and parcel of it the following is quoted from the Philadelphia Medical Examiner, edited by Prof Huston.

\*\*\*\* “Dr. Morton, a practising dentist in Boston, is advertising in the newspapers of this city, that he has secured a *patent* for what he calls ‘his improvement, whereby pain may be prevented in dentistical and surgical operations,’ and he now offers to sell ‘licenses to use said improvement,’ to ‘dentists, surgeons, and other suitable persons.’ Looking upon this as nothing more nor less than a new scheme to tax the pockets of the ‘enlightened public,’ we should not consider it entitled to the least notice, but that we perceive by the Boston Medical and Surgical Journal, that prominent members of the profession in that city have been caught in its meshes.

“From a paper by Dr. H. J. Bigelow, ‘one of the Surgeons of the Massachusetts General Hospital,’ contained in the Boston Journal of the 18th November, 1846, we derive the astounding information that Dr. Warren and Dr. Hayward—men at the very top of our profession—have allowed Morton to administer his ‘preparation’—‘a secret remedy’ for which he has taken out a patent—to patients on whom they were about to operate! Dr. Bigelow says, in extenuation of the course pursued by Morton in taking out a patent, that ‘it is capable of abuse, and can readily be applied to nefarious ends;’ that ‘its action is not yet thoroughly understood, and its use should be restricted to responsible persons;’ and that one of its greatest fields is the mechanical art of dentistry, many of whose processes are, by convention, secret, or protected by patent rights. It is especially with reference to this art, that the patent has been secured.’

“Now we would like to know of Dr. Bigelow, whether any such restricted object is contained in the patent? None such appears in the proprietor’s advertisement, and we apprehend that time will show that the sale is only limited by the price and disposition to purchase.

"Says Dr. B., 'We understand, already, that the proprietor has ceded its use to the Massachusetts General Hospital, and *that his intentions are extremely liberal with regard to the medical profession generally.*' Not a word of the sort is in the proprietor's advertisement. Did not Swaim give his *panacea* to the poor gratis, and a lot of ground to build a church on to boot? And did not John Williams, the oculist, with a trunk full of seals and royal testimonials, invite all the reverend clergy to come to him, and to bring with them all the poor, blind people of their parishes, that he might cure them without money and without price?

"The '*preparation* is inhaled from a small, two-necked glass globe,' and smells of ether, and is, we have little doubt, an ethereal solution of some narcotic substance. The patient is rendered insensible for a period of from five or ten minutes to an hour; the pupils are dilated; 'very young subjects are affected with nausea and vomiting, and for this reason Dr. M. has refused to administer it to children.' In one case, a patient of Dr. Dix, 'the respiration was very slow, the hands cold, and the patient insensible.' Various active measures were found necessary to restore the patient, and 'complete consciousness returned only at the expiration of an hour.'

"We are persuaded that the surgeons of Philadelphia will not be seduced from the high professional path of duty, into the quagmire of quackery by this will-o'-the-wisp; and if any of our respectable dentists should be tempted to try this new '*patent medicine*,' we advise them to consider how great must be the influence of an agent over the nervous system, to render a person unconscious of pain,—the danger there must necessarily be from such overpowering medication, and that if a fatal result should happen to one of their patients, what would be the effect upon their conscience, their reputation and business, and how the practice would be likely to be viewed by a Philadelphia court and jury? We cannot close these remarks, without again expressing our deep mortification and regret, that the eminent men, who have so long adorned the profession in Boston, should have consented for a moment to set so bad an example to their younger brethren as we conceive them to have done in this instance. If such things are to be sanctioned by the profession, there is little need of reform conventions, or any other efforts to elevate the professional character—physicians and quacks will soon constitute one fraternity."

It may be well to add, that in the last No. of the Medical News and Library, attached to the American Journal of Medical Sciences, edited by Dr. Isaac Hays, and also published in Philadelphia, a large part of Dr. Bigelow's first article is copied, which the editor says he hastens to lay before his readers. But few comments accompany it.

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**Anatomical Materiel.**—This last word now stands in the place of *subject for dissection*, and is likely to become familiar to ears medical, through the extra bulletins of the University School in New York, and the Geneva College in the same great State. This matter was alluded to week before last, since which, the published documents and a communication from Dr. Webster, have been received. Dr. W. is a spirited man, whose energy cannot be put to sleep with mesmeric passes. If he is thoroughly convinced that the University gentlemen have done wrong intentionally, the fur will fly a long while to come. In consequence of having more



communications on hand than can possibly be disposed of for a month, we are obliged to forego the publication of Dr. Webster's paper on the *materiel* case for the present week.

*Œdema of the Glottis; Erysipelas propagated to the Mucous Membrane of the Mouth and Larynx; Scrofulous Abscesses in the Neck.*—Mr. R. W. Smith presented to the Pathological Society of Dublin a specimen taken from the body of a man, æt. 36, who labored under strumous enlargement of the cervical lymphatic glands; several of the tumors suppurated, and the matter made its exit near the ear: slight febrile symptoms followed, and in a few days erysipelas appeared on the neck and lower part of the face: after a few days more the erysipelas began to fade from the skin, but at the same time spread over the lips and attacked the mucous membrane of the mouth; difficulty of breathing and dysphagia rapidly succeeded; the patient became semi-comatose, and died. Upon examination of the body it was found that the erysipelas had spread to the orifice of the larynx, producing œdema of the glottis; the submucous tissue of the arytenoid region being infiltrated with serum. Mr. Smith also detailed the case of a man, æt. 48, who was admitted with erysipelas of the head and face; upon the seventh day after the reception of a lacerated wound of the scalp the erysipelas spread to the mucous membrane, and the man died suddenly upon the twelfth day. *Post-mortem* examination discovered effusion of serum in the sub-mucous tissue, covering the left arytenoid cartilage; the mucous membrane was elevated in the form of a tense, shining vesicle, which overhung and closed the orifice of the larynx.—*Dublin Quarterly Journal of Medical Sciences.*

*Quack Doctors and Medicines.*—The Mayor of Lyons has just issued a proclamation that no bills or placards announcing the treatment of any disease by particular individuals, or the sale of any particular medicines, shall be posted on any of the walls of the city, or otherwise exposed to public view; and further that none of the public newspapers shall insert any such announcement in their advertisements or otherwise. A similar ordinance has been issued in Paris and every city in France.—*Jour. de Chem. Méd.*

TO READERS AND CORRESPONDENTS.—An extra sheet of eight pages is sent out with to-day's Journal, which enables us to publish the excellent paper of Dr. Stone, on artificial pupil, which has been on hand some time, and also some portion of the matter which is pouring in respecting the all-engrossing topic of the day. A mass of other deferred papers is still unpublished, but their writers may depend upon the earliest possible attention being given them. There have also been received, communications from Prof. Webster, of Geneva, N. Y.; from Dr. E. D. Mansfield, of S. Reading; Dr. Bugbee, of Michigan; Dr. E. Warren, of Newton; Dr. W. C. Wallace N. York.

DIED.—In Townsend, Mass. of consumption, Dr. John Bertram.—In Penn Yan, Dr. William Cornwell—drowned.—In New York, Dr. M. H. Burrell. 37.

*Report of Deaths in Boston*—for the week ending Dec. 12th, 43.—Males, 20—females, 23.—Stillborn, 3. Of consumption, 7—old age, 2—dropsy, 2—marasmus, 5—typhus fever, 6—intemperance, 1—throat distemper, 1—suicide, 1—teething, 2—jaundice, 1—inflammation of the bowels, 1—infantile, 1—croup, 3—paralysis, 1—dysentery, 2—disease of the heart, 1—chickenpox, 1—pleurisy, 1—accidental, 1—hip disease, 1—liver disease, 1—hemorrhage, 1.

Under 5 years, 14—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 7—over 60 years, 6.

*Menstrual Function in Apes and Monkeys.*—No very precise record is extant of the facts that exist and might be collected to show that a menstrual flux exists in the apes and monkeys, for the same end that it does in our own race, and regulated by the same laws. A few months since, a large female ape was brought to Boston, from the West Coast of Africa, in a condition to excite the curiosity of medical inquirers, who are well convinced, both from what they actually saw, and the relations of the master of the vessel, that the quadrumana, in their own country, menstruate regularly, but not as frequently, it was suggested, as females of the human species. Dr. J. B. S. Jackson, we opine, must have collected some curious physiological observations on this point, having examined the animal the day after its arrival.

Recently, we have gleaned a mass of information illustrative of the sexual developments, propensities and habits, of this family of animals (semia), from an intelligent keeper of a menagerie, which could no where else have been collected. He says that all the female apes, monkeys, baboons, &c. menstruate at regular periods in his establishment. If any of our correspondents could furnish the results of their observations to show how extensively this law operates, and how it is modified when animals from a tropical region are brought to this, they will confer a special favor on professed naturalists, as well as physiologists.

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*Strength of the Human Skull.*—Practical anatomists are eloquent in their osteological comments upon the carpentry of the skull. Who that has listened weeks in succession to lectures on the bones, does not recollect how much is said on the arrangement of the arches in the interior of the cranium, which give it great power of resistance: in short, were the frame-work of the head constructed upon any other principle than the one nature adopted, such are the shocks and blows to which it is constantly exposed, the walls would be frequently broken, and the functions of the brain destroyed. But no lecture room demonstration, however ingeniously illustrated, hypothetically, can compare with the following fact.—“A few days since,” says the Amherst Express, “a son of Mr. Dudley, of Shutesbury, Mass., about five years old, accidentally fell from a cart containing about twelve hundred pounds weight, which passed directly over his head. He received no apparent injury except a slight bruise near the ear, made by the wheel.”

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*Medical Miscellany.*—Dr. Ninian Pinkney has gone out surgeon of the Sloop of War Albany, bound to the Gulf of Mexico.—A board of six Naval Surgeons have decided that the cause of the disease which has been prevalent at the Pensacola Navy Yard, was of local origin.—The cholera is still raging in Mecca and Medina, and report says it has crossed the Red Sea, and is now sweeping off the inhabitants of Egypt. Nearly one hundred deaths occur daily in Bagdad by it.—One Dr. Longshare has been fined in Penn., for a misdemeanor, viz., blocking up the way by the crowd that went to hear him lecture on temperance.—Fifteen hundred troops are believed to have died since opening the campaign on the Rio Grande.—In ten years, Morison, the great English pill manufacturer, paid the Government for stamps, or, in other words, a license to bequack Her Majesty's subjects, the enormous sum of £800,000.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXXV.      WEDNESDAY, DECEMBER 23, 1846.

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No. 21.

## THE MEDICAL SCHOOL IN BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

Its founder, the eloquent brother of General Joseph Warren,\* taught anatomy, surgery, physiology, obstetrics, not in lack of accomplished aspirants to these various, high subjects; he sufficed without foreign aid; "gave, borrowed not." His indulgent gentleness, in differing from his colleagues, invited respectful attention, and guards to the ardor of early professional life, "winning souls, *suaviter in modo, fortiter in re.*" The School dwelt not then in palaces, attracting admiration and respect; but in the attic of a drug-store, retired from jealous notice. The pupils, instead of assenbling in commodious amphitheatres, followed the surgeon a dozen miles, to see a cataract couched! "We have no such lengths to go." Anatomical research, almost driven in labor, watch and peril, to rob graves, was even brought to the criminal dock.† To meet pecuniary costs of such sorrows, *esprit du corps* was appealed to; but self-reproach, "wounded spirit, who could bear"? Now, enlightened legislation fosters anatomical inquiry, and allays public apprehension.

A small cabinet treasured the anatomical museum, another the medical books; a sort of cave of little Holden-Chapel in Cambridge held chemistry. Now, besides its commodious quarters in the new Medical College, chemistry occupies half of Harvard Hall. The Prof. of Anatomy (Dr. Warren) has expended more than \$20,000 on his own museum, which is well arranged in that College, and more than \$3000 for a choice duplicate of our skeleton of the mastodon; to make it well accessible to inquirers, he will spend twice that sum.‡

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\* *Par nobile!* may it be of their Paradise to know of our blessings and prospects, of which they were harbingers!—Gen. Warren left the medical profession, which he graced, for his country's service. We are not old enough to have seen him mount to heaven and reach a crown of glory; we had the edifying spectacle of Dr. Warren in self-forgetful, self-regardless daily course, richly earning a heavenly wreath. His, too, was generous martyrdom. His last illness followed immediately exposure to extreme, tempestuous weather, and fatigue, in his anxiety to meet extraordinary emergencies urging his professional notice.

† Only Mr. Daniel Webster's ingenious eloquence, sympathy, devotion, averted prison! but not exile beyond the circle of distressed, harrowed friends of the violated dead, and of public resentment, execration. That excellent teacher of anatomy, Dr. Thomas Sewall, was driven, in his household's apprehension and dismay, from his native Ipswich, Mass., to Washington, D. C., where, it was the bright part of his life, he enjoyed, to his death, Mr. Webster's good will and furtherance, which our profession gratefully acknowledge.

‡ When President Quincy, whose intimations have ever been locomotives of good will to Alma Mater, suggested that \$25,000 worth of books were needed in the University library; that,



A Samaritan, L., who never "passes by on the other side," proposes to grace our late Medical College with "Children, come!—of such is Heaven." Another temple of beneficence is planned, inscribed "Eyes to the blind!" On our hospital, might long ago have been written, "Feet to the lame!"

To Cicero's precepts, *De dolore tolerando*, he adds, *Lævatio ægritudinis omni e philosophia fructus uberrimus*—a tribute due to a prescription lately published here, to be hereafter fully and authentically developed, as to inducing sleepiness, insusceptibility of pain under surgical operations, by inhaling sulphuric ether vapor.\*

May medical learning grace its palaces; instant, in season, out of season, minister, take care of, cherish, soothe, watch, wait, doubt, refrain, reform, elevate, instruct—try to heal—unspotted prove its uses, magnify its apostleship, fulfil its high, sacred vocation, its almost religion; *natura duce, bene agere ac lætari*.

Few, says Louis, have the talent, inclination for observation of disease, thorough regard for truth, elevation of character. The physician's is an office demanding greater sacrifices than any other: his is Cicero's motto, "*Non domus perfugium, non lectus ad quietem: multa pertuli, concessi, meo dolore sanavi.*"

#### DR. BETHUNE ON THE DISEASE KNOWN AS MORBID SENSIBILITY OF THE RETINA, ILLUSTRATED BY CASES.

[Communicated for the Boston Medical and Surgical Journal — Concluded from page 392.]

**TREATMENT.**—The first and most important is, as far as possible, to give the eyes *rest*, at least from all exertion of sight on small objects or such as require any great effort of vision. Reading, sewing, the exposure to lighted rooms, &c., should be carefully avoided. As a general rule the patient should be encouraged to go freely into the broad light of day, even though it temporarily aggravate the pain, as entire seclusion is apt to render the eye still more sensitive. For the same reason, for com-

duly to "consider the heaven, the moon and the stars," a great telescope should be provided, and other instruments, and a tower to receive them, which might cost \$50,000—salaries for observers, from \$1500 to \$2000—soon the books were ours, the tower was reared. Prof Pierce and Messrs. Bond will soon be sweeping the firmament through that wondrous object-glass! To this matter Mr. David Sears gave \$10,500. Mr. P. C. Brooks cast in \$10,000, that the President of the University may dwell in a palace, as he merits. (In olden time, "£150 were assigned for a house to be built for the President. The students were assessed 9d. per quarter for the support of public worship.")

\* Our medical school's and our profession's "days of small things," our actual prosperity and reasonable expectations, recal to me "Lafayette's welcome" among us in 1824; the orator of the Phi Beta Kappa Society, now President of our University, alluding to Lafayette's youthful request of passage to this land, and our Government's reluctant, mortifying answer, "we have no means, even of so humble accordance to the noble offerer to our cause of his comfort and best blood." That we had been in such straits, then caused in him and other stout hearts near him in age, an overflow of emotion! That personification of patriotism, Judge Story, seemed as if supplanting "oh that my eyes were fountains!"—answer was graciously vouchsafed to the prayer! Was any passage of Lafayette's life more illustrative of his merits, more likely to induce our substantial acknowledgment of them which cheered his old age! "Providence, kind and large," led our Country, University, our Medical School, from very small things to much greater! *Præcipui Academiam Deo administrari, Ille saltrum voluit.*

mon use, shades, veils and colored glasses should be dispensed with though they may be occasionally allowed on extraordinary exposure. The diet should be regulated according to circumstances, as, like pure amaurosis, it may be connected with a vascular system, either overcrowded or the contrary. The same may be said of the use of bleeding, leeching, &c., but in addition the surgeon should be cautious in the repetition of bloodletting, as he is apt to be flattered by the temporary relief, which it sometimes gives, into carrying it to an extent which weakens the constitution, increases the general irritability of the patient, and indefinitely prolongs recovery. The not unfrequent complications of inflammation of the eye itself or of the lids, should of course receive due attention, and the removal of them will sometimes, but not always, be accompanied with the cure of the diseased retina. The most careful attention should be given to the general health of the patient. The following, among many instances, will show the necessity of keeping this always in view, and they also show that in some patients the eyes will not appear improved with the improvement of the general health. Even in these cases it is always an encouraging circumstance and much increases the chance of a good effect from the local remedies.

CASE XXV.—*Morbid Sensibility of Retina.*—Elizabeth K., 32. Jan. 21, 1845. Health not strong. Appetite good, but her food oppresses her; costive. Says she had a similar attack seven years ago, but got well and so remained till one year since, when the eyes began again to trouble her with pain through the balls, lachrymation on looking at objects, &c. Cold applications. Purgative pill at night.

31st.—No operation from medicine. R. Ch. s. mur. et rhei to-day; afterwards to take a laxative pill 3 in die.

Feb. 5th.—Eyes much improved. Sight clearer. Free operation from powder, and bowels well regulated by pill. Continue same.

19th.—Not so well. Burning and heat in eyes. Thinks she took cold in putting out clothes. Repeat cath. of 31st. Substitute warm for cold applications.

21st.—Vomited but not purged by powder. Eyes much the same. Take a cathartic, tr. rhei c. inf. sennæ, and repeat if no dejection.

24th.—Still costive. Repeat cath. and resume the laxative pill. To take only gruel for food.

26th.—Less burning in eyes. Stomach better and feels stronger. Eyes much stronger. Continue pil. p. r. n.

March 14th.—Still improving. Continue same. Bathe eyes with brandy and water.

19th.—Worse. Return of abdominal troubles and pain in left eye.

This patient was seen occasionally for a month, the state of her eyes varying with that of the stomach, &c., but on the whole decidedly improved. When last seen she was directed to continue the same means for regulating the stomach and bowels.

CASE XXVI.—*Morbid Sensibility of the Retina.*—Elizabeth B., 15. Jan. 30, 1844. Health generally good. Never had disease of her eyes till two years ago last spring, when, without any cause that she knew of,

began to have a difficulty in threading her needle, &c. Can see objects distinctly at first, but on looking they soon fade. If she attempts to read she can see a line or two, then loses sight of the letters by "their running together." She is subject to headache.

On examination, nothing abnormal seen about the eyes. She is of large frame, plethoric habit, with flushed face, but her pulse is feeble. She was admitted to the House and remained there about three weeks, when she was discharged somewhat improved. Her treatment for the first fortnight was moderate leeching to the temples and small saline laxatives. Under this the head improved, but the eyes remained the same. She then made use of an ointment of veratriæ (gr. ij. to 3j. of cold cream), which in part relieved the eyes.

I have repeatedly seen the benefit of *purging*, where circumstances seemed to indicate it.

CASE XXVII.—*Morbid Sensibility of the Retina.*—Lydia W., 45. March 20, 1838. General health tolerably good. Left eye well. Right eye she says has troubled her since the cold weather. Is affected with weakness after exposure to light. Aching after sewing, with occasional pain above and below the orbit. Extremes of heat and cold also cause an unpleasant sensation. R. Hyd. sub. mur., gr. v.; pulv. rhei, gr. x. M., c. Rochelle powder in morning, if no operation. Four leeches to temple. Lotio frigida. Rest.

March 27th.—Has no pain of consequence above or below the orbit since the leeches. The only trouble now is from the weakness. Thinks a tepid fomentation more comfortable than cold applications. Substitute tepid for cold, and use colly. of zinc. Bowels costive. May take one of the following pills three times a-day, unless too much purging ensue. R. Pil. aloes et colocynth, 3 ss.; quinine sulph., gr. viij. M. Ft. pil. No. xij.

April 3d.—Free purging from pills, so that yesterday she took but one. *Feels much better.* Improvement in appetite. Removal of heaviness, which before oppressed her. Says she has no pain since in head or eye.

May 24th.—Eye about well. Has used it in fine sewing without sensible injury. Recommended to attend to general health. Discharged.

June 20th, 1839.—Patient re-appeared this day at Infirmary. Says that eye remained about the same for some time, but for the last six or seven months it has been getting more weak, and within three months the *left* eye has been affected in the same way. Has used them in sewing during the last year, though she felt them growing worse.

The same remark applies to the use of emmenagogues, tonics, stimulants, &c. Counter-irritation to the back of the neck or behind the ears is often extremely beneficial. Generally the use of mercury, at least if carried so far as to affect the gums, is likely to prove injurious rather than beneficial. In cases combined with pure amaurosis, however, I have known very marked benefit ensue from carrying it so far as gently to affect the system. The following is an instance where calomel was given in small doses for some time. It was probably a case of apoplexy of the choroid.



At least the suddenness of the attack and the ecchymosis under the conjunctival sclerotic, which appeared about ten days after the first attack, favor strongly this supposition. In this case the symptoms began to yield before the mouth became affected, and the use of the mercury was on that account intermitted.

CASE XXVIII.—*Morbid Sensibility of the Retina, with Amaurosis and Diplopia.*—Hannah O., 21. Jan. 31, 1846. For three years past has been subject to myopia, pain through eyeballs, &c. This affection first came on after reading at night. Two weeks ago, after having been up at night for five or six weeks, suddenly lost the sight of left eye, so that she could but just count her fingers at the distance of one foot from the eye. She was first seen by me one week ago, and was then ordered cold applications to the eye, and a powder of calomel, rhubarb and ipecac. She afterwards was blistered back of the ear, and applied to brows tr. aconit. fort. To-day she reports more pain, and her sight, which had somewhat improved, remains the same.

On examination, nothing abnormal to be seen. Has double vision. Cupped  $\frac{3}{8}$  x. from temple. Omit acon.

Feb. 2d.—Relieved by cupping, and relief continued till yesterday P. M., when pain returned in left eye, less severe. Pain now with dimness and some "fire spots" before right eye. Has also pain between shoulders and in small of back. Stimulating liniment to spine.

5th.—Sight same. Pain much less. A small ecchymosed spot on left sclerotic.

7th.—Ecchymosis diminished. Other symptoms same. R. Pil. (s. mur. gr. j., c. op. gr. 1-4) nocte.

12th.—Very little pain. "Fire spots" lighter colored and fewer. Sight same. Con. pil. nocte.

17th.—Somewhat more pain. "Spots" more and darker. Vesicat. behind each ear.

22d.—"Spots" less, and again lighter colored. Sight same. Pill is continued.

23th.—Some aching in eyes. For three days past sight has somewhat improved.

March 3d.—Pain slight. Sight of both eyes improved. Has throbbing, with slight pain in both ears—worse in left. Two leeches in front of left ear. Continue pill.

7th.—Sight much improved. "Spots" gone. Mouth not sore. Pil. al. nocte.

17th.—No pain. Sees nearly as well as ever. Diplopia less. Continue same.

21st.—Eyes same. Rather more pain lately between shoulders and at sides. Omit pill. R. Quinine sulph., gr. j., 3 in die.

23th.—Slight return of pain, and "spots," more in left eye. Take a Rochelle powder, and resume pil. s. mur. gr. j. quaq. nocte. Omit quin.

7th.—Sight improved. Pil. al. nocte.

11th.—Again sight improved, but still slight double vision. Continue same.

25th.—Sight of right eye as good as ever. Left improved. Take pill twice a week.

May 21st.—Eyes as well as before attack. Pill once a week.

28th.—Same. Omit pill. Discharged.

Since the publication of Mr. Turnbull's work, the alkaloids of several of the ranunculaceæ have been extensively used in neuralgiæ, and especially in this country in amblyopia. My own experience is decidedly in their favor, though they very often fail even to relieve, and they very seldom effect a cure. I have, however, known many cases in which they have given great relief, and they may be of great use in this way by encouraging the patient while we are employing other additional means, which with time often put an end to the disease. I have not been *satisfied* that they differed essentially in their effects or in their curative powers, though I have suspected this to be the case in some instances. The main physiological action of all seems to be a power of benumbing or deadening, for a time, the cutaneous nerves to which they are applied. They may be used either in the form of an ointment or in that of an alcoholic solution. I have never known any *permanent* ill effect from their use, though they occasionally are productive of excessive irritation and pain. The main objection for the majority of patients is their expense, and on this account it is better to use but a small quantity at a time, and to watch its effects.

The observations of Dr. Fleming, in his admirable monograph on the aconite, induced me to use the tincture as an external application. I accordingly had some prepared according to his directions, which is four times stronger than the common tincture, and this I have ordered to be rubbed once a-day for some minutes in the neighborhood of the eye. In many instances I have been satisfied of its good effect. So powerful a narcotic should be used with caution, however, as it will be seen that its external application twice in one day was attended with some rather serious symptoms.

*Lotions, &c.*—So far as one remedy by its effects goes to show any pathological state, inflammation, or at least congestion of the deeper-seated vessels, would seem indicated by the effects of cold applications in the great majority of cases of this disease. They have been in my experience, with a few exceptions, by far the most grateful and useful. I have now and then met with a patient who has found the re-action so great as to counterbalance the soothing effect attendant on their first application. This, however, has been comparatively rare. I usually direct the frequent application of cloths wet in cold water to the eyes, and their repetition as often as convenient. In some cases, especially in very hot weather, the water may be iced with advantage. Some patients who will not bear simple cold applications, I have found much benefited by the addition of a stimulant, as brandy. Indeed, for many, after using for a time the water *alone*, I have directed *this* with advantage. To be used four or five times a-day. I usually advise that it should be applied above and below the eye at the same time that a little is allowed to reach the globe itself, beginning with one fourth to

one fifth of brandy, and gradually increasing in strength as the patient becomes accustomed to its effects. Where disease of the lids is complicated with amblyopia, tepid applications are often required. Two or three of the cases in which this disease was combined with tinea or lip-pitudo, will illustrate these comparative exceptions.

There is so great a variety in the different cases of patients affected with this disease, that each individual becomes to a certain extent a separate study. For instance, while we find many who complain bitterly of the aggravation of their troubles by the fatigue, variety of objects, &c., in travelling; others, on the contrary, in the excitement of the change of scene and movement seem almost to forget them. In perhaps the majority the eyes are less troublesome in the earlier part of the day. In some, however, this is precisely the time, before their eyes have become accustomed to the change from darkness, when the sensibility of the eyes is most acute. I have known some in whom there appeared a great sensibility of the eye during sleep, in whom the shade of the closed lids was insufficient unless the room in which they slept was made perfectly dark, and I have even known several in whom the first movement towards recovery was made by attending to this apparently trivial circumstance.

It will, of course, be understood that in this, as in every other disease connected with a deranged nervous action, it is of the utmost importance to keep up in the patient, as far as possible, a cheerful spirit and a full confidence in ultimate recovery. I am aware that this is often no easy task, for the deprivation of the use, in great part at least, of so essential an organ as the eye, is in many a source of irritation and despondency, which it may be difficult to meet. Occupation of some kind must be earnestly recommended, if possible of an agreeable character, and so far as it goes calculated to aid in the cure. The active sports and amusements, riding, especially on horseback, are useful to this end. I have often found it advisable to urge patients entirely to relinquish an employment which has given rise to this disease. It is sometimes necessary to remind them that there are many persons whose eyes are never sufficiently strong to enable them to get their living by employments which demand much accuracy of sight, though had they not been called on to exert their eyes in that way, they might never have suspected that they were at all defective.

CASE XXIX.—*Morbid Sensibility of the Retina.*—Susan M., 19. Operative in a Silk Factory. Jan. 5, 1846. Says that her health is tolerably good, though her appetite is indifferent and her strength is not great. Present disease is of one year's standing. She complains of pain through the eyeballs, of "blur" before the eyes when she uses them, and of nictitation and weight in the lids. R. Sol. ferri citrat. (gr. ij.) 3 in die. Lotio frigida. Exercise.

17th.—Improved. More appetite. Less pain in eyes, and blur. Apply *once* a-day to the closed lids a mixture of ol. rosmarini c. alcohol.

20th.—Applied prescription *twice* a-day, followed by swelling of lids.



To-day the eyes are better than ever, and the appetite and strength are improved. Continue prescription once a-day only.

24th.—Eyes stronger. Less weight. Continue same.

March 3d.—More pain this morning. Has omitted drops for five days. Resume them.

April 28th.—Got much better, and so remained till she went to work last week, when the eyes again became worse. Weight of lids, throbbing of eyes, &c. Omit work. Resume application to lids. Tepid lotion.

In this disease, perhaps above all other diseases of the eye, it is necessary to prepare ourselves for repeated returns of the pain, weakness and sensibility of the eyes, often on slight exposure, sometimes without any that we can trace. The patient should, therefore, be impressed with the necessity of prudence in the use of his eyes when they first begin to get better. For want of this caution I have frequently known the case retarded for many months; and it often happens that after an imprudent exposure during convalescence, it requires a longer time to bring back the eyes to the point of improvement to which they had previously arrived, than was necessary to effect all that had been gained from the commencement of the attack.

#### THE INHALATION OF ETHEREAL VAPOR, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was much pleased in perusing a paper in your Journal of last week, by Dr. Flagg, of Boston, on the inhalation of ethereal vapor in certain cases requiring surgical operations; and I am happy in being able to say, that his views are those of the profession generally in this region, so far as I have been able to learn their opinions. It seems to us not only ridiculous, but absolutely wrong, for any physician to adopt a course of action so entirely contrary to the spirit of the rules of the Massachusetts Medical Society, and to those high and just principles which have generally governed the members of our profession.

If Dr. Morton *has* really made a new discovery, let him be contented to stand on the same footing with *other* physicians of equal merit, who have made *many* and important discoveries in medicine and surgery; and let the consciousness of having done a good deed for humanity, the gratitude of an intelligent community, and the praises of a liberal profession, be a sufficient reward, without a desire, on his part, to make a fortune at the expense of "suffering humanity," and of all just rules of our profession.

Why did not Dr. Stearns, when he discovered the medicinal properties of ergot, get the right of using it patented, and allow no one to use it, but those who bought the privilege of him? Why have not a hundred similar discoveries in medical science, been patented ere this? Why? Because there has been, and *I hope always will be*, too much honor in the medical profession to allow such a course of conduct, in any one of its members.

Does any one suppose that he will be able, by a brazen front, and threats which are so freely thrown into the market, to intimidate the profession, and prevent them from using a well-known medicine, when, how and where their judgment may dictate? If so, I think that gentleman, whoever he may be, will find himself *egregiously disappointed*. Physicians in this vicinity, I am satisfied, will use the ether if they have occasion so to do, previous to dental or surgical operations; and if ether alone does not answer the purpose, they can easily find, I think, a compound that will do as well as the *patented* vapor.

While spending an evening a short time since, in a social party, composed mostly of literary friends, the inhalation of an ethereal compound formed a part of the amusements of the occasion. The compound used in this case was composed of sulph. ether, water and morphine, with a few drops of diluted sulphuric acid. This mixture was inhaled through a common retort, with a ground stopper at the apex of the globe. The effects which it had on those who inhaled it were similar, if not identical, with those produced by the *vapor* now so much in vogue. One young lady, in particular, came so completely under the influence of it, that, had she an aching tooth, I think I should have tried my skill at extracting. I do not know, however, as this compound has any advantages over the ether alone; I doubt, myself, whether it has, for this substance has been long known to have those peculiar effects ascribed to the "new vapor." On this point, however, every physician can satisfy himself by a few simple experiments, and will, without doubt, find a substance that will answer all practical purposes, and that, too, without being obliged to sacrifice his professional dignity, by patronizing quackery.

So. Reading, Nov. 10th, 1846.

J. D. MANSFIELD.

## MESMERISM.

[Communicated for the Boston Medical and Surgical Journal.]

IN the No. of the Boston Medical and Surgical Journal of Nov. 18th, appeared the following editorial notice:—

"*Operations without Pain.*—In the leading article of this day's Journal, by Dr. H. J. Bigelow, the profession will notice that an impression exists here, in Boston, that a remarkable discovery has been made. Unlike the farce and trickery of mesmerism, this is based on scientific principles, and is solely in the hands of gentlemen of high professional attainments, who make no secret of the matter or manner."

This attack upon mesmerism affords me an opportunity to offer a few remarks upon a subject which has been tested much longer than the inhalation of sulph. ether for producing insensibility during operations, and has been investigated by individuals whose standing as scientific men would not appear unfavorably by the side of members of our own Massachusetts Medical Society. Many distinguished and scientific men in Europe, after long and patient investigation, have given in their strong

adhesion—Cuvier, La Place, Georget,\* Andral, Broussais, Deleuze, Bailly and many others whose names might be adduced.

To deny the existence of mesmerism (as was observed by Dr. Marc before the Academy of Medicine at Paris) would be to suppose that men of the greatest merit, two learned bodies of the first respectability, and governments known for having surrounded themselves with the best physicians, must have, in various places, and at various periods of time, fallen the dupes of miserable jugglers, and propagated, favored, and executed labors merely chimerical.

Orfila, who must be considered good authority, has said—"If there exists trickery and quackery in mesmerism, its adversaries are too hasty in refusing to admit all that has been asserted in regard to its effects. The testimony of enlightened physicians should be considered as proofs. If the magnetic phenomena appear extraordinary, the phenomena of electricity appeared equally marvellous in its origin. Whether magnetism acts in good or in evil, it is clearly a therapeutic agent, and it behoves both the honor and the duty of the Academy to examine it."

In 1826, a committee was appointed by the Section of Medicine of the Royal Academy at Paris, to investigate anew the phenomena of mesmerism. Their investigations were pursued at different times for several years, and a report submitted in 1831, with a detail of the cases which passed under their observation. The following are some of the conclusions at which the committee arrived:—

1st. A certain number of the effects observed appeared to us to depend upon mesmerism alone, and were never produced without its application. These are well-established and therapeutic phenomena.

2d. We hold it as demonstrated that the sleep has been produced in circumstances, in which the persons mesmerized could not see or were ignorant of the means employed to occasion it.

3d. The greater number of the somnambulists whom we have seen were completely insensible. Finally, we saw one who was insensible to one of the most painful operations in surgery,† and who did not manifest the slightest emotion in her countenance, her pulse, or her respiration.

4th. Considered as a cause of certain physiological phenomena, or as a therapeutic remedy, mesmerism ought to be allowed a place within the circle of the medical sciences, and consequently physicians only should practise it, or superintend its use, as is the case in the northern countries.

5th. They say that they have communicated in their report facts of sufficient importance to entitle them to think, that the Academy ought to encourage the investigations into the subject of mesmerism as a very curious branch of psychology and natural history.

This report (I conceive) bears great weight in favor of mesmerism, not merely on account of the facts which it produces, but emanating

\* It is recorded of Georget, an eminent physician of Paris, that he was converted from infidelity to christianity by witnessing experiments in mesmerism; and this he left recorded in his will.

† The removal of a cancer from a female. The operation lasted some ten or twelve minutes; the dressings were all properly applied, and patient placed in bed, without for a single instant showing the slightest indication of pain or appearing conscious, and all this without any shock to the system.



from such a source. Here were experiments conducted for a long time under the care of members of a learned society, who, it is but reasonable to suppose, must have caused every experiment to pass through a pretty severe ordeal, standing as they did before the world, and risking not a little of well-earned reputation upon their report.

It may be asked—Why should we not rely upon the testimony of those who have spoken upon the other side? The reply is easy, because those who have spoken and written in opposition have been for the most part those who have not observed sufficiently to sit in judgment on the case, and have declared that it was not a subject befitting the investigation of the wise, thus very summarily prejudging the matter.

In England, the subject has obtained a foothold, and gained many converts, owing, in a great degree, to the exertions of Dr. Elliotson. This gentleman, whose reputation is well known to medical men in this country, who stands among the first in his profession abroad, and who has withstood much ridicule and persecution for the firm stand he has taken in defence of mesmerism, said, in 1827, “I should despise myself if I hesitated to declare my conviction of the truth of mesmerism,” and adds that, “never having yet declared an opinion upon a new medical truth that I have been obliged to retract, I will now stand more ridicule with the same firmness and the same silent pity or contempt which I have always felt for my opponents, till I see, as I shall, the truth of mesmerism established.” In his work on Human Physiology, in which mesmerism has a place, he says, “I have now for three years carefully and dispassionately investigated the subject, by experiments performed almost every day upon a variety of persons, and I not only repeat my firm conviction of the truth of mesmerism, but of the truth of many points in it upon which I formerly gave no opinion, because I had not then witnessed them, and was determined to remain neutral upon every point upon which I did not myself witness facts. The production of the peculiar conia or mesmeric sleep, independent of all mental impressions, is a truth now admitted by a very large number of the best informed, acutest and least credulous men in England, whose attention was excited to the subject by what I showed them.

Dr. Coates, of Philadelphia, who delivered a course of lectures (in this city, a few winters since) on the laws of animal and vegetable life, after speaking of different organs exerting a vicarious action, and asking why should not one nerve take on the part of another, their structure to appearance being the same, &c., went on to say, “Life is in the nature of a first cause, and one of its phenomena is as remarkable as another. Our own existence is a mystery.” Though in touching upon mesmerism, he says it is folly to speak of the science of mesmerism, yet he allowed it to be a series of facts, and no exception to physiological laws—facts no more wonderful than existence itself; there is an analogy to be traced in the history of disease with the effect of manipulations. „The nervous system is first depressed, and then a half dreamy condition ensues, analogous to hysteria. The operations being continued longer, even epilepsy occurs, and the usual functions are lost. In the third degree

spasms take place without convulsion. Any part being put in a particular position will remain there; this effect is also seen in catalepsy. In the fourth stage, all the organs lose their sensibility, the teeth may be extracted, a cancer may be removed, and limbs amputated, without a consciousness of pain in the patient." As I deem the testimony of this individual of importance, the unwillingness on his part to call mesmerism a science, though allowing it to be a series of well-established facts, is sufficient for my purpose, he testifying that with the aid of this agent important operations may be performed, the patient being unconscious of pain. I have been interested in mesmerism as a remedial agent, and it is now ten years since I first became aware of its influence in relieving pain, and rendering (in some cases) the system insensible to external impressions, and I am happy to say that mesmerism is at the present time alleviating many nervous diseases which medicine cannot help, and though exerting its influence in a quiet way, separated from all the trickery of public exhibition, is no less powerful because unobtrusive.

I have not deemed it necessary to speak of the cases which have occurred in this country, nor have I brought forward the names of its advocates. Much could be written upon the subject, had I the time and inclination. There are, in this city, members of the Massachusetts Medical Society who are well aware of the reality of mesmerism, and are sufficiently independent to avow their belief, men who occupy an honorable rank in the Society, and would not countenance either farce or trickery.

*Boston, December, 1846.*

FRAS. DANA, JR.

#### DR. SILL'S DISSERTATION ON TYPHUS FEVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of the 29th of July last, I have noticed a communication from Dr. H. C. Gillett, in unmeasured terms disapproving of and condemning the practice of Dr. Theodore Sill, in the treatment of typhus fever, as given by him in a Dissertation read in the last Annual Convention of the Medical Society of Connecticut. Dr. Gillett, in his communication, by means of misquotations, garbled extracts, misstatements, misrepresentations and perversion of facts, not only grossly misrepresents Dr. Sill's practice, but casts unmerited suspicion on his character (and also on that of Dr. William S. Pierson) for truth and veracity, while on me he proves, *in his way*, a direct falsehood. Under these circumstances, I conceive it my duty to take some notice of Dr. Gillett's communication, not only to disabuse the public, but in support, not only of my character, but that of my worthy friends Dr. Pierson and Dr. Sill, requesting that these remarks may have a circulation co-extensive with those of Dr. Gillett, and through the same channel.

As Dr. Gillett's strictures may have fallen under the observation of those who have not seen Dr. Sill's Dissertation, I shall give a few examples of misquoting and garbling. In looking over the opinions of medical writers, Dr. Sill says, "We find among the most prominent causes of febrile dis-

eases mentioned, debility and exhaustion of the brain and nervous system," quoting Drs. Cullen, Armstrong, Good, Nathan Smith, Watson, Eberle, Robert Hooper and Rush. And finding this opinion supported by the symptoms in typhus fever, he says, "if the pathology and symptoms of this disease, as here laid down, are correct, the only common-sense and rational mode of treatment seems fully apparent—to sustain, and if possible increase the enfeebled powers of the system, to equalize the circulation, to allay the morbid irritability and irritation when it exists, and by a prompt, regular and uniform support, to enable the system to react and throw off diseased action."

This Dr. Gillett thus quotes. "To sustain the system, and increase its enfeebled powers, and by a prompt and uniform support enable the system to re-act and throw off diseased action," prefacing this with "even at the commencement of the disease," and omitting two important indications, as these would not well accord with what he says elsewhere.

Dr. Sill says, "I believe almost every case may be considered as safe while there is no evacuation from the bowels, for I have never known a fatal termination when entire control was had over the bowels during the progress of the disease."

This is thus quoted. "I believe *almost every case* may be considered safe while there is no evacuation from the bowels," and is correct so far as it goes. Dr. Gillett had good reasons for omitting the remainder. But he takes occasion elsewhere to observe that "the doctrine mentioned in the Dissertation that the patient *is always safe* when there is no evacuation from the bowels, has a tendency to lead to troublesome constipation."

Dr. Sill says, "The use of emetics and cathartics, though there may be cases where they are found useful as temporary auxiliaries, I consider as rarely ever necessary."

This is thus quoted. "Emetics or cathartics I consider as rarely or never necessary."

Dr. Sill says, "In the low and exhausted cases there is but one indication, and that imperative; to excite and support the powers of life, waiving every other consideration."

This is thus paraphrased by Dr. Gillett. "Dr. Sill states in the treatment, that the main indication is to excite and support the powers of life, waiving all other considerations, by the *indiscriminate* use of opium and other stimulants." Dr. Gillett further says, "Dr. Sill can recognize but one symptom, and that debility; hence but one mode of treatment is required, and that support."

Dr. Sill says, "To accomplish the *main indications* mentioned, there is no one article of the materia medica more safe, more efficient, or more indispensable, than opium. In the early stages of the disease, to allay the morbid irritability and irritation, and as the 'king of stimulants,' it has its important place; but in the later stages, in grave cases, its peculiar and happy effects are more apparent. The febrile irritation, the restlessness, the anxiety, wakefulness, subsultus and tremors, epigastric sinking and diarrhœa, are by its use controlled. The coma occasionally occurring in severe cases is more easily overcome by opium at short and regular



intervals, than by any other remedy." This is partially thus quoted. "To accomplish the main indication (for Dr. Gillett will have but one) there is no article of the *materia medica* more safe, more efficient, or more indispensable, than opium. In the early stages of the disease, to allay morbid irritability, and as the king of stimulants, it has its important place. The coma is more easily overcome by opium, at short and regular intervals, than by any other remedy." Omitting what is said of the use of opium in the later stages of grave cases, among which this coma is included, and also, as usual, the word irritation, with which Dr. Gillett is not so familiar as with the word *indiscriminate*.

The use of opium in typhus, to which Dr. Sill ascribes such peculiar and happy effects, Dr. Gillett says is indiscriminate, and he (we suppose solemnly) enters his protest against it, and goes on to quote from Dr. Watson. "One cause of coma in fever is the circulation of narcotic substances, such as opium, in the blood. In the use of opiates, if they are given inopportunately, they are apt to puzzle and perplex the case. You do not know how much of the disposition to coma is owing to the disease, and how much is the consequence of the remedy. You may easily augment the natural tendency to coma, and lull your patient into a fatal stupor."

That coma or narcosis may be produced in fevers by an improper use of opium, and that opium, if used "inopportunately, may puzzle and perplex a case," if under the care of an ignorant and careless practitioner, and that such an one might so use opium in a natural tendency to coma as to lull his patient into a fatal stupor, are facts which it is presumed Dr. Sill would admit. But these are the effects of an improper and inopportune use of that article, and as such are no evidence that this coma may not be more easily removed by a judicious and proper use of opium than by any other remedy. Dr. Sill therefore had no occasion to take notice of these unpropitious effects of opium, when improperly used, unless for the special benefit of Dr. Gillett, who may have seen these puzzling cases. And this would have been but a poor compliment to the understanding of the medical gentlemen he was addressing. And here, for the consideration of Dr. Gillett, I would just remark that if the coma sometimes occurring in the course of protracted cases depends on exhaustion, as we suppose opium must be an appropriate remedy, and if so used as to obtain its stimulant effect and to secure it regularly repeated at short intervals, we know that in some instances it has had the effect of lessening or removing this coma, and have often seen the "natural tendency to coma" removed by this mode of treatment; but believe have never seen a patient thus lulled into a fatal stupor.

That Dr. Sill should "believe almost every case might be considered as safe while there was no evacuation from the bowels, having never known a fatal termination when entire control was had over the bowels during the progress of the disease," seems to have very strongly attracted Dr. Gillett's attention, and so excited his feelings of compassion for suffering humanity, that he is compelled to publicly make known that "In cases under the care of those pursuing this mode of practice, hardened

faces are allowed to accumulate in the bowels during the period of two, three, four and even five weeks, without any effort to assist nature in producing an evacuation; and that when the pain and irritation become so *severe* that the patient can endure his load no longer, instruments are often required to deliver the patient from the five weeks' burthen;” and which he further says “has in all probability protracted the case for weeks, and in many instances, laid the foundation for a troublesome disease in the rectum during the remainder of the individual's life.

For the purpose of disabusing the public, removing any prejudice that may have been raised in the minds of any of my professional brethren — and doing justice to self and to others who have been and still are following that mode of practice, which, however slandered and misrepresented by Dr. Gillett, I *confidently* believe has been the means of saving the lives of many, not only in my practice but in that of a number of respectable physicians around me, I am compelled to say that the truth of this account of the horrible practice referred to is not founded on, nor can it be supported by facts; but that the evils mentioned are mere creatures of Dr. Gillett's imagination, or the account is a mere fabrication for sinister purposes. Dr. Sill nowhere in his Dissertation has mentioned the number of weeks, nor specified the length of time he would suffer the bowels to remain unmoved, but only *during the progress of the disease*. Now as the patients are most commonly convalescent as early as the close of the third week, and many at the close of the second, there can be but few, very few cases of protracted continuance from constipation. And in the longest protracted cases, these patients, so far from suffering *any* pain, very seldom have the slightest inclination for an evacuation until they are convalescent, when they first have inclination for an evacuation, and without the “use of instruments” or any other aid, effect an evacuation of faecal matter, which is commonly large in quantity, only a very small portion of which indicates any degree of costiveness, while the remainder, much the largest part, will be in consistence less hard than that commonly voided by a person in health, and this although the patient may have passed three weeks or more without any evacuation from the bowels. Are these phenomena doubted? I refer to those who have been long in similar practice, not doubting a favorable result. Now if this be correct, there can very seldom if ever be occasion for the use of instruments on account of constipation *alone*, and I have never known of such a case. For many of the last years, in a large majority of cases of typhus and fevers of a typhoid character, which have fallen under my care, I have made no use of a cathartic nor laxative, neither in the commencement nor in the progress of the disease. And although some of these patients passed two or three weeks or longer without any evacuation from the bowels, yet among them I have never had but one case in which I thought it necessary or even *expedient* that any assistance should be given the patient in his efforts to procure an evacuation of the bowels, neither in the progress nor at the close of the disease. And in this case the trouble was more from the want of muscular power than from constipation. This patient was a female, aged about sixty-five years — the case, sinking typhus, commenced



with pain in the bowels. She took a cathartic of her own accord. In its operation she sank ; became cold, senseless, and almost pulseless ; for some days she had diarrhœa ; the evacuations involuntary, and she was unable to be turned or moved without epigastric sinking. The diarrhœa was suppressed, and she had no evacuation until convalescent, say for ten or twelve days from the close of diarrhœa. In this case, some aid to the patient in her efforts for an evacuation was directed, in preference to the use of an enema, which might endanger a return of diarrhœa. As this is the only case of the kind recollected in my practice, so I had supposed that none of the kind had ever occurred among the patients of others "pursuing this mode of practice," until otherwise informed by Dr. Gillett. I have never known a single case of hemorrhoids, or of any other morbid affection of the rectum, in consequence of this constipation ; nor a single case of protracted disease from this cause, but think I have seen many cases which were protracted by a cathartic, and in one instance, as I believe, death from the use of only an enema.

To cap the climax of what relates to Dr. Sill's practice, Dr. Gillett gives us a synopsis of *his* mode of practice, which is a compound of every body's, but so indefinite, intermixed, and snarled, that no one can tell with which end to begin to unravel. We shall therefore, as it makes but little, "pro or con," make no attempt to analyze it, but pass it over with just observing that it affords an opportunity to Dr. Gillett to class himself with the most successful practitioners around him, by saying that "This mode of practice corresponds with that of the most successful practitioners around me," a position we did not suspect that Dr. Gillett occupied, and probably never should have known that he did, had he not informed us of it himself.

Dr. Gillett at length comes to an important part, if not the main object of his communication — the "painful" task of proving that Dr. Pierson, Dr. Sill and myself are guilty of either misrepresentation or of falsehood. Dr. Pierson states (if Dr. Sill does not misrepresent) that the probable number of cases of typhus fever under his care, with those he had seen as counsellor in the course of the last thirty-five years, was from sixteen hundred to two thousand — which Dr. Gillett calls an average of fifty a year. This he would render improbable by telling us that he has been told by one of the most prominent physicians in Hartford, that that is a greater number of cases than had occurred in the whole of that city with its twenty physicians. And why but for the same purpose does Dr. Gillett omit to tell us that under the term typhus, Dr. Pierson includes every case of fever which he considers typhoid, and treats as such, while the Hartford physician (to the exclusion of all these) probably counts only those cases which by *all* would be called typhus as described by authors. If the yearly average of strictly typhus as described by authors be fifty in Hartford, if all such cases as Dr. Pierson includes of a typhoid character were added, we believe it would amount to one hundred or one hundred and fifty yearly — in thirty-five years amounting to from thirty-five hundred to five thousand two hundred and twenty. These things considered, and knowing that fevers have been very prevalent in Windsor for the last



thirty-five years, more especially in the first half of this time, when Bloomfield was included, and in which time Dr. Pierson was doing almost all the business as a physician, not only in Windsor but much in some part of Symsbury and Granby and other adjoining towns, we come to the conclusion that the number of cases as stated by Dr. Pierson, if not definitely correct, is not overrated. Dr. Sill states that from my notes he finds my number of cases of typhus fever from March, 1816, to February, 1837, upwards of five hundred, of which sixteen only proved fatal, and two of these from relapse from imprudence ; three had taken drastic cathartics for a week, and two were from seventy-five to eighty years of age. This Dr. Gillett seems to know must be either a wilfully false representation of mine, or a misrepresentation of my account by Dr. Sill. Here I would say, that Dr. Sill quoted correctly from my notes, excepting where I have said nearly twenty-one years, he has said twenty-one years, thus clearing Dr. Sill from any charge of wilful misrepresentation, and leaving the charge of falsehood where Dr. Gillett designed it, resting on *self* alone.

To prove that my statement of *but* sixteen fatal cases of typhus occurring in my practice "*from* March, 1816, to February, 1837, is false, Dr. Gillett presents us with an exact copy of a record of deaths occurring in the year 1816, which was kept by Dr. Thomas Robbins, then Pastor of the Parish. This record makes a list of thirty-five deaths (including, however, one on the 15th of December, 1815). In this record Dr. Robbins mentions the supposed cause of death, but does not tell us under whose care as physician any one died ; but Dr. Gillett has ascertained that all these thirty-five died *as my patients*, an important fact thus proved. He says, "I have been informed by two intelligent individuals who have always resided here, were present during the epidemic, and personally acquainted with all the individuals mentioned, that they were all patients of Dr. Reed." Here, Dr. Gillett says, "we have a record of twenty-three fatal cases of typhus fever, or typhoid pneumonia, within a year, two of fever, and one of child-bed fever," and further says, "a fair inference may be drawn from the above record." Why did not Dr. Gillett draw the inference himself? Why not manfully and distinctly say that my account of but sixteen fatal cases of typhus fever in nearly twenty-one years was false? Of these thirty-five persons who are said to have been my patients, I saw twenty-five only :—twenty of these cases were typhoid pneumonia ; but two of these were in a dying state when I first saw them, and were not subjects for medication, so that I prescribed for eighteen only. Of the other three who died of this disease, one was a patient of Dr. Cooly, and one of his and Dr. McKinney ; the other had no physician. Of the remaining five of my patients, one was a case of marasmus, one of rattles, one of old age, one of paralysis, one of strangury, according to the record. One case of fever and one of child-bed fever Dr. Gillett has set to my credit gratuitously, for they were no cases of mine ; nor do I lay any claim to the cases of children which I did not see, nor to the case of the man drowned, nor to that of the infant child which was born *dead*. We would here notice that not one of these eighteen fatal cases was typhus fever simply, but all were cases of typhoid pneumonia,

and as such are registered in my notes on febrile diseases, which Dr. Sill consulted. And we would observe that these eighteen deaths occurred when this disease was raging as a malignant epidemic, the first on the 22d of January, and the last on the 31st of March or 1st of April, 1816 — all in about ten weeks; the most of which time I was visiting from twenty to thirty in the course of each twenty-four hours, devoting the whole of my time to attendance on the sick for twenty-two days in succession, while the disease was most prevalent, not once retiring to bed for rest, nor had I time to make a single charge for my services. And now admitting the correctness of my statement, what is “the fair inference which may be drawn from the above record, the accuracy of which no one will doubt?” Why, that instead of thirty-five fatal cases under my treatment in the year 1816, there were but twenty-five — and of these, but eighteen of any febrile disease, and all of these of typhoid pneumonia, and not a single case of simple typhus fever, although Dr. Gillett *infers* that there were twenty-three of these, beside two of fever, and one of child-bed fever. It is true that Dr. Gillett says, “twenty-three fatal cases of typhus fever or typhoid pneumonia;” but Dr. Gillett well knew that these deaths occurred during the epidemic, and from typhoid pneumonia, or might have known this from his “two intelligent individuals.” He also knew that in what he quotes from Dr. Sill, that “from March, 1816, to February, 1837 (twenty-one years), I had had upwards of five hundred cases of typhus fever, and sixteen only proved fatal; two of those from relapse (occasioned by imprudence), three had taken drastic cathartics for a week previous to calling medical aid, and two were from seventy-five to eighty years of age.” There was not a single case of typhoid pneumonia included.

Dr. Gillett, intent on proving, in some way, falsehood, attempts it by in his way finding twenty-three fatal cases of typhoid pneumonia in this record, where there were but eighteen my patients, and infers, as “a fair inference,” that my account of sixteen fatal cases only of typhus fever “from March, 1816, to February, 1837,” is false. But a more fair inference would be that I lost none; for by the record I lost no patient with typhus fever in 1816 — and this was the case. And had this record contained any number of fatal cases of typhus fever, their number would not effect his object, unless they had occurred after the last of March, as they would not fall within the time specified, “from March, 1816, to February, 1837,” whereas Dr. Gillett is kind enough to give me credit not only for all the deaths occurring in the year 1816, but one on the 15th of December, 1815, a case which I did not see.

With an expression of our full belief that Dr. Gillett's remarks on Dr. Sill's Dissertation, with his misstatements, misrepresentations and perversion of facts, were not designed so much “for the benefit of his medical brethren or the good of community,” as for other sinister purposes, we close our remarks, with a promise, however, that should Dr. Gillett see fit to make any further communication on this subject, it shall receive due attention.

ELIJAH F. REED.

*South Windsor, Ct., Nov. 17, 1846.*

## REMARKS ON THE INHALATION OF ETHER PREVIOUS TO SURGICAL OPERATIONS.

By W. Clay Wallace, M.D., New York.

THE effects of the inhalation of ethereal vapor are thus stated by Pereira, in his *Materia Medica*.

“When the vapor of ether, sufficiently diluted with atmospheric air, is *inhaled*, it causes irritation about the epiglottis, a sensation of fulness in the head, and effects analogous to those caused by the protoxide of nitrogen; moreover, persons peculiarly susceptible of the action of the one are also powerfully affected by the other (*Journal of Science*, vol. iv., p. 158). If the air be too strongly impregnated with ether, stupefaction ensues. In one case this state continued, with occasional periods of intermission, for more than thirty hours: for many days the pulse was so much lowered that considerable fears were entertained for the safety of the patient. In another case an apoplectic condition, which continued for some hours, was produced.”

The inhalation of the protoxide of nitrogen, as is well known, produces different effects. Cases have occurred in which it produced symptoms so alarming that it is not now usual to administer it indiscriminately at colleges. In my own case I felt the vessels of the brain suddenly distended; there was a feeling as if the skull were too small for its contents; the calvaria seemed to be forced upwards; and there was pressure in the interior of the ears, with a distant ringing sound. There was an irresistible tendency to laughter, which afforded much relief by forcing the unaccustomed fluid from the air passages. The usual symptoms soon passed off, but I was not free from a disagreeable feeling in the head for months afterwards.

The reports of public institutions show that many of the cases of insanity are produced by alcohol. There are few who can be made what is termed dead drunk with impunity, should they even escape the horrors of delirium tremens or actual apoplexy.

Like alcohol, sulphuric ether excites, intoxicates and produces insensibility, but it also possesses another property which deserves attention—when the vapor is mixed with atmospheric air, *it will explode*. Should a patient made insensible by ether be operated upon by candle light, the chances are, that the air passages would form an eudiometer and produce a serious concussion.

The novel application of ether to the alleviation of suffering is a great boon to the public; yet it should be considered, that, although a person of sound general health may survive its effects, there is risk of rupturing the vessels of the brain, and that it is dangerous to be made *dead drunk, by any cause*. Should there be a tendency to apoplexy or mania, or should the patient be unusually sensitive, the prescriber may find himself in a position that few would envy.

I have been led to these remarks, by recollecting to have heard, that, some time after it had become a fashionable panacea for deafness to force injections into the Eustachian tube, a person in London died in the operator's hands; and by having seen a case where alcohol produced insensi-



bility, out of which the patient never recovered. It will be surprising if we do not hear of cases of insensibility from ether, which may induce government to prohibit its administration except in cases of unwonted severity. The inhalation of an intoxicating drug has produced disastrous effects in China, and if a habit more pernicious than that of the use of alcohol should be here introduced, it is to be feared that it might spread, notwithstanding edicts or lawsuits.

## ARE INVENTIONS IN SURGERY AND IN CHEMISTRY LEGITIMATE SUBJECTS FOR PATENTS?

By a Correspondent who has no Property in Patent Rights.

SEVERAL correspondents of the Boston Medical and Surgical Journal, in their remarks concerning the patent granted by the general government, to Drs. Morton and Jackson, for their new and important discovery by which pain may be prevented or alleviated in surgical operations, seem to proceed upon the ground, that the patent has been issued for a *secret process*. This is a mistake on their part; and, if they will reflect for a moment, or merely possess themselves of the ordinary law-knowledge upon the subject, they will perceive the error into which they have so inadvertently fallen.

No patent is or can be granted for a secret process. The very meaning of the word "patent" is "open," public, not private or secret; and the very first prerequisite of a patent is that the inventor shall furnish the government with a written description of his discovery, so that any one skilled in the art or science to which it appertains, may *know* how to make and use the same; and so that at the expiration of the term during which the law secures the exclusive right of the discovery under a patent to the inventor, the public at large may be at full liberty to make and use such discovery. These are the words of the law: "But before any inventor shall receive a patent for any such new invention or discovery, he shall deliver a written description of his invention or discovery, and of the manner and process of making, constructing, using and compounding the same, in such full, clear, and exact terms, avoiding unnecessary prolixity, as to enable any person skilled in the art or science to which it appertains, or with which it is most nearly connected, to make, construct, compound and use the same."

The authority to grant patents is established by the Constitution of the United States, which declares that "Congress shall have power to promote the progress of *science* and *useful arts*, by securing for limited times to authors and inventors, the *exclusive right* to their respective writings and discoveries."

The object of the framers of this clause in the Constitution, was undoubtedly to sharpen the wit and ingenuity of the people, to stimulate citizens of every class in their researches and labors—to encourage them, by the prospect of an adequate remuneration, under an exclusive right for a term of years, to delve into the secret recesses of nature and art, and

discover, reduce to practice and bring out to public view and use, every improvement or invention to be found, devised or thought of, for the comfort, preservation, health or happiness of the race.

Nearly if not all great inventions have been patented; and were it not for the Constitution, the laws, and the decisions of the tribunals, in this behalf, very few new modes, great improvements or processes would be made—or if made at all, be promulgated to the community at large. They would be wrought in private—practised and kept in secret; and, perishing at the death of those who gave them birth, be lost to mankind.

The correspondents above alluded to, also appear to think that patents cannot be granted for improvements in surgery and chemistry. This is another mistake on their part, which they will be convinced of at once, by merely reading the statute. The law of patents is based upon the article in the Constitution already quoted; and in the words of a section of that law, patents are granted “for any new and useful *art*, machine, manufacture or *composition* of matter, or any new and useful *improvement* on any art, machine, manufacture, or composition of matter.”

No distinction, it is manifest, is or can be made in favor of one set of men or profession over another. Mechanicians, dentists, surgeons, artificers, chemists, and others—all possess equal privileges, each having as unquestionable a right as the other, to receive letters patent for any invention or discovery he may make in or out of his own professional walk or calling. And the property of each in these rights is alike protected by the courts and laws. And surgery being an art, as much as chemistry is a science, it is equally obvious that it would be as vain to assert that a patent could not be issued for an improvement in surgery, as that a patent could not be granted for an improvement in chemistry—even if it were not a notorious fact that letters patent are annually granted, in almost every other nation as well as our own, for improvements in both surgery and chemistry.

What would dentists, surgeons or chemists say, if they were not allowed rights common to the humblest mechanic—to every class in the community; if they alone were denied the privilege of taking out letters patent for any discovery or improvement they might make in their vocation, or for the benefit of humanity? Do they not charge, and are they not entitled to fees for their services—in all cases where fees can and ought to be paid?

The novelty and usefulness of a discovery is first tested at Washington. A thorough examination must there be made in the first instance. The public examiners and Commissioner of Patents must fully investigate the subject, and ascertain, to a certainty, that the discovery is absolutely new and useful, before any patent can be granted by the government.

In actions against infringers for appropriating to their own use the inventions of others, the burden of the proofs and trial is in general upon the defendants. Those who undertake to possess themselves of what does not legally belong to them, must prove, by disinterested and conclusive evidence, the grounds upon which they attempt to violate the rights or invade the property of the patentees. “The inventor,” to use the words

of Mr. Justice Woodbury, at the trial of *Hovey vs. Henry*, in November last, "holds a property in his invention by as good a title as the farmer holds his farm and flock."

But let the law be as it may, there are in every community, and probably always will be, persons constantly on the look out, ever ready and eager to avail themselves of the labors and inventions of others. When they are about to seize upon an improvement of some one else, they commonly begin by crying out that *they* thought of it before, *they* first attempted or accomplished it themselves—and then proceeding to appropriate the benefit of it to their own private use, they endeavor to make the most of their "ill-gotten gains"—as long as they can set justice at defiance, or hold on with impunity.

It is a matter worthy of particular note, that while the celebrated chemist and foreigner Shoenbein, has been securing letters patent in the United States and in all parts of the civilized world, for his great discovery (gun cotton), for the direct injury of mankind or the more certain destruction of human life; our countryman, Dr. Morton, has been securing letters patent at home and abroad for the infinitely greater discovery made by him and Dr. Jackson, for the prevention or alleviation of pain, the preservation of health and human existence. Dr. Shoenbein's chemical discovery was patented here in December last. It applies not only to cotton, but all fibrous materials; and all persons who have used his discovery, since his application was made to our government, and all who may now be infringing upon his rights, in this country, are undoubtedly liable for damages, according to the statutes.

## PRACTICAL ANATOMY IN NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I perceive by your last No. that a correspondent in New York has directed attention to events which have recently transpired in that city in relation to anatomical *materiel*, and the circular of the University (in Broadway above Bleecker Street). It is by no means my intention to complain either of the tone or spirit of the communication alluded to, but as my name is brought in, I shall offer a few words of explanation. Those who have read the Circular of the University of New York, for the present year, must have remarked the similarity in tone, the correspondence in language, and the same recklessness of assertion, which characterize the advertisements of Brandreth, Moffat, *et id genus omne*, of "the great commercial emporium." Now for my own part I should have been willing to let pass their announcement of the resources of New York for clinical instruction in the many valuable institutions of that city; I should have been willing to let the students who gather there find out, *if they could*, the boasted advantages; I should have been willing that they might be quietly permitted to *talk* of the N. Y. Hospital with its "two thousand patients" and its "library of five thousand volumes"—(less than twenty out of four hundred *published* names on the University catalogue, attended



this institution in 1845-6)—of the “Eye and Ear Infirmary” with its “fifteen hundred patients”—of “Bellevue Hospital” with its “two thousand patients,” and of the “various dispensaries” with “more than fifty thousand patients;” I say I should have been willing to let these things pass, for the reason that I knew students who might go there for instruction would soon find out the truth, and that their astonishment would be considerably increased when they found that, with the exception of Dr. Mott as Consulting Surgeon to the Hospital, not a solitary member of this boasting Faculty is connected with, *nor likely to be*, any of the institutions alluded to. When, however, they came out with an attack upon “Schools of Medicine in almost all parts of the country;” when one of their number had stated their intention to cripple “country schools,” and declared, among others, that “Geneva College” would have to close her doors, we thought it quite time to prove that Geneva College could and would protect herself, and, if necessary, “carry the war into Africa.”

I must dissent from the views of your correspondent when he says, “this harmless circular, which is all very well in the way of a puff.” If it be “harmless,” is it justifiable? Speaking of the University, the Secretary says, “by order of the Faculty,” “its march is onward, its success more than its best friends could have hoped for; and the Faculty pledge themselves to spare no labor nor expense to carry out the fulfilment of their design—the building up a national school worthy of the country and the age.” I am aware all this is for a southern market! but can that be “harmless” to the profession at large, which comes forth as this circular does, with deception upon its very title page? Again, is it “harmless” to the profession that men who have been detected in the most wholesale plagiarisms, who have announced translations of works from the French when they had employed another to perform the task,—I ask is it “harmless” to the profession, when such men, placed unfortunately in an important position, come out in the Brandrethian style, and talk of building up a “national school worthy of the country and the age”!

There is an establishment in the great “commercial emporium” in Nassau Street, called “the New York College of Medicine and Pharmacy,” “established A. D. 1840 (one year before the University), for the suppression of quackery,” the members of which “direct their particular attention to all diseases, &c.,” “cure guaranteed.” Compare the advertisements of this “College” with the Circular of the “University” in the Stuyvesant Institute, and judge which will be most effectual “for the suppression of quackery”!

Your correspondent says, “the war does not seem to be at an end.” I hope he will report progress. He can judge of the views of the profession in his own city in relation to the “University of the city of New York;” and if the direction of their students is any evidence, they very generally think there is another school in their city, influenced by more liberal, high-minded and honorable principles, than the one that makes such boasting pretensions on so small capital.

Respectfully, yours, &c.

Geneva, N. Y., Dec. 7th, 1846.

JAS. WEBSTER.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, DECEMBER 23, 1846.
 

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*Apparatus for Inhaling the New Gas.*—In the face of the patent, or a caveat, it is not material which, instruments used in administering the gas, made principally of glass, with metallic fixtures, such as a mouth-piece, valves, &c., are manufactured in this city to a great extent. One person assured us that the demand far exceeded his ability to manufacture the article. Several individuals not only advertise that they prepare the *air of forgetfulness*, but that they have the apparatus also—and from what is bruited about the town, a thriving business is conducted by those who stand in no fear of the law of patents. Strangers applying for agencies and solicitous to obtain the original article, while such rivalry exists, will be puzzled to recognize the real Simon Pure. It is further stated that agents have gone to remote cities in the States, and even to various countries, to introduce the benefits of the discovery; but in this enterprise all parties, says report, are equally active, and it is not improbable, therefore, that considerable misapprehension and embarrassment will grow out of these anomalous proceedings. Some of the artists consider that the administration of the gas, only, was secured by the patent, and not the instrument; others are of the opinion that such a gas-holder as they produce, is no infringement of a right secured to others, inasmuch as their work is an invention of their own. Thus, there is no end to the ingenuity or sophistry of those who dispute the validity of the patent, or are determined to profit by the discovery of the new pain-preventive power. One of the next phases of the matter will be law suits, thick as flowers in May. And it is not a little curious in the history of the affair, that the opposition forces seem to glory in the prospect of a war with the gas proprietors, in whatever form it may come. In the meanwhile, we are looking on with intense interest, hoping for the discovery of new truths in physiology; and further, that in the end, humanity may be a permanent gainer by this friction of intellect, and operative surgery divested of some of its terrors.

In to-day's Journal will be found a communication from a legal gentleman, drawn up at our request, in which the validity of the patent is strenuously maintained. Since that article was in type, we have been informed, through a letter from Prof. C. A. Harris, M.D., of the Baltimore College of Dental Surgeons, that his colleague, Dr. Bond, had consulted one of the first lawyers there, stating to him the whole case; and his opinion is that there is nothing patentable in the matter, and that letters patent for it are worthless. We have similar information and assurance from Drs. Roper and Flagg, of Philadelphia, who have consulted competent legal judges in that city.

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*Philadelphia College of Physicians.*—A summary of the Transactions of this College, from September to November, 1846, in 56 octavo pages, has been distributed. The papers of this excellent institution command

our admiration—for science and industry characterize the labors of the members. The annual report on the theory and practice of medicine, by Dr. S. Jackson, is an energetic performance. His classical brilliancy was a perfect cordial the dull evening we sat down to read it. Medical gentlemen are frequently complimented by the College in being elected associates, but rarely in this direction. Mention is made of that distinction being conferred on Dr. S. C. Warren, of Boston. No such person is found on the catalogue of physicians in this city.

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*Believers in Mesmerism.*—Without much qualification, it has been asserted, far and wide, that highly cultivated, intellectual people, invariably look with contempt upon mesmerism. It is wholly in the care and keeping of second-rate minds—or those addle-headed persons whose zeal in the pursuit of wonders is wholly without the controlling influence of judgment. A writer assures us that a correspondent was entirely mistaken in asserting that Dr. Lee, editor of the New York Medical Journal, entertains any confidence in this modernized hocus pocus, which is peddled out to the vulgar like barley candy, and at about the same price. However insane Dr. Fahnestock may be on the subject, Dr. Lee is in his senses yet—being a staunch disbeliever in the miscalled science of animal magnetism.

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### New York Correspondence.

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*Academy of Medicine and Surgery.*—The regular members of the medical profession of New York city are organizing themselves into an "Academy of Medicine and Surgery," somewhat analogous to the "Association" which has so long and so happily existed among the fraternity of Boston. We learn that a preliminary meeting has been held during the last week, which was called by Dr. Mott, Dr. Stevens and Dr. Wood, respectively representing the New York University, the College of Physicians and Surgeons, and the County Medical Society—these gentlemen being severally the presiding officers of these chartered institutions, and presumed to represent the profession. The meeting was largely attended, and after the mutual interchange of opinions, a large committee were appointed to prepare and report to a subsequent meeting, a constitution and by-laws for the "Academy." None but *regular* practitioners are to be admitted, and it is designed to include all such, and exclude all others. Besides the advantages of social intercourse among its members, and the mutual recognition and fellowship, which will flow from such an organization, it is proposed to have erected a hall for the meetings of the Academy, devoted to professional purposes. It is confidently anticipated that this organization will serve important and useful purposes in maintaining the dignity, promoting the harmony, and adding to the respectability of the profession, by excluding the irregular and unworthy from recognition, and enabling the intelligent portion of the public to discriminate who are, and who are not, regular practitioners. The recent abolition of the laws of the State against quackery, has rendered such discrimination otherwise impossible.



*Letheon in New York.*—The apparatus and ethereal vapor introduced to the profession by Dr. Morton, of Boston, for producing insensibility and unconsciousness during dental and other surgical operations, have been tried with more or less success in New York, for a few weeks. Dr. Kimball, who is agent for the city, has fully succeeded in several cases of the extraction of teeth, and he has administered the inhalation of the vapor to several patients, upon whom Dr. Cox has performed minor operations, the painfulness of which is described by the sufferers to have been inconsiderable, and in one or two cases the patient has been entirely unconscious of any sensation. Dr. Mott removed a tumor from the axilla of a young lady, a few days since, which required an incision through the integument of some six inches in length, which was made without pain, or any sensation whatever, as was also a portion of the dissection. The effects of the inhalation partially subsided before the operation was concluded, so that the patient recovered a kind of dreamy consciousness, but experienced very little suffering.

Dr. Kimball superintends the experiments, and is disposed liberally to afford opportunities to the profession for testing the success of this new auxiliary to practical surgery. It will soon be tried in the practice of the New York Hospital, a committee having been appointed for the purpose. Thus far, there is a disposition to regard the subject with favor, and worthy of further inquiry. Of its value, if fully successful, there can be but one opinion.

*Bi-lateral Operation of Lithotomy.*—Professor Parker has twice, during the past week, performed the bi-lateral operation of lithotomy upon boys of from two to three years old. In both cases the calculi were adherent to the bladder, and in one of them the stone was very large. The patients, thus far, promise to do well.

*Drs. Mott and Francis.*—Your New York correspondent inadvertently omitted the name of Dr. Valentine Mott among the worthies he enumerated, as constituting the predecessors of the present Faculty of the College of Physicians and Surgeons, of whom he, and his former associate Dr. Francis, are the only survivors. The latter gentleman has retired from the labor of teaching, but the reputation he has earned in the department of which he so long held the professorship, both by his lectures and by his writings, is undiminished, and he holds a high rank among his fellows as a practitioner. In juridical medicine, Dr. Francis has no superior, his opinions being sought by the bar, and commanding the confidence of the bench and jury to an extent which is awarded to no other, so high is the estimate placed upon his attainments and experience; while his profound and varied acquirements in scholastic medicine, are justly appreciated, and place him upon the proud elevation which his devotion to the science during a whole life has merited. By his contributions to general literature and science he has distinguished himself out of the profession, and gained an enviable character among American scholars, both at home and abroad. And in the historical and biographical departments of literature alone, he will go down to posterity as pre-eminently worthy of an exalted reputation. He is still actively and ardently pursuing his profession, and cultivating science with exemplary diligence, and possesses the high regards of the public as well as of the fraternity, who

look upon him as a representative of the old school of physicians, personifying as he does their learning and worth.

Dr. Mott, his ancient colleague and friend, occupies the position of Professor of Surgery in the University of the city of New York, over the Faculty of which he presides. His health being fully established by his European residence, he devotes himself to the labors of the profession, both as a teacher and practitioner, with so much zeal and activity, that he seems to have renewed his youth. As a successful surgeon, he stands deservedly at the head of this department in America, and is known and honored as such abroad. His name is a tower of strength for the Medical College with which he is associated, and his professional reputation secures him an extensive and lucrative practice. His long experience as a teacher, renders him so familiar with this department, that his lectures afford him an opportunity of condensing and arranging his varied resources of practical knowledge apparently without effort, for the benefit of his large class of students, and the numerous physicians who daily profit by his instructions. Their publication *in extenso* will be an invaluable legacy to posterity.

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*Medical Miscellany.*—Another great discovery is announced in France by M. Pelouze, the chemist, viz., priming gun cotton with fulminating mercury. The same great man proposes to feed mankind on wood. Old bedsteads, broken chairs, and fractured table legs, yield, it is said, azote enough to sustain the invading army of Mexico.—A special act was passed by the Legislature of Vermont, at the last session, against attempts to produce abortions unlawfully.—Dr. Holbrook, of Charleston, S. C., is about publishing a work on the ichthyology of South Carolina.—Dr. W. A. Cain has been elected Lieut. Governor of South Carolina.—Influenza is raging extensively in the city and neighborhood of Philadelphia.—Dr. Heller, of Vienna, has prepared gun tow, equal in power to the cotton, and some think superior.—A French physician has invented a new ear trumpet.—Six princes and several princesses of the court of Persia have been cut off by the cholera. The disease is still spreading rapidly, and has taken the course towards Astrachan and Moscow.

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TO CORRESPONDENTS.—A communication from the Baltimore College of Dental Surgery, and one from "Claudian," on the Ethereal Vapor, have been received.—An extra of eight pages is again sent out with to-day's Journal. Subscribers are reminded of the importance of preserving it, as if lost it will be missed in the volume when bound.

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MARRIED,—In New York, J. Kearney Rodgers, M.D., to Miss Emily Hosack, daughter of the late celebrated Dr. David Hosack.—Wm. M. Barrett, M.D., of Baldwinville, Mass., to Miss L. B. Furbush.

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DIED,—At St. Thomas, John T. Hughes, M.D., formerly surgeon in the U. S. A., of consumption, 26.—Dr. Wm. B. Reed, of Amherst, Mass., 34.—In Springfield, Mass., Dr. Ede Whittaker 74.

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*Report of Deaths in Boston*—for the week ending Dec. 19th. 37.—Males, 14—females, 23.—Stillborn, 7. Of consumption, 6—child-bed, 1—disease of the brain, 1—typhus fever, 1—old age, 2—lung fever, 4—croup, 2—dropsy on the brain, 1—pleurisy, 2—inflammation of the lungs, 2—disease of the liver, 1—suicide, 1—disease of the heart, 1—dysentery, 1—paralysis, 2—infantile, 2—dropsy, 1—scarlet fever, 2—disease of the bowels, 1—teething, 1—convulsions, 1—cancer, 1.

Under 5 years, 16—between 5 and 20 years, 1—between 20 and 40 years, 8—between 40 and 60 years, 7—over 60 years, 5.

*Attenuation of Medicines.*—In accordance with the long-established usage of this Journal, to allow every person of respectability connected with the profession, to write upon whatever subject he may deem important to the interests of physicians and of humanity, an article was published on the 11th of Nov. entitled *Homœopathy in Europe*, the statements resting wholly on the responsibility of the author. When the editors of the New York Homœopathic Journal saw it, they seem to have been shocked, —and in their reply to it say that they dare not ask the editor of the Boston Journal to insert the whole of their comments upon our article, —“but we do ask him, as an act of justice, that he will give his readers such portions of it as will correct the imposition practised upon him by, we do not know who.”

Some heterodox sentiments must have been prominent in the paper alluded to, better understood by our friends Drs. Kirby and Snow, than by ourselves. We make no pretensions whatever even to an intimate acquaintance with the literature of homœopathy, much less the details of practice. Of course we have had no practical acquaintance with *high* or *low potencies*, terms so handily bandied about by the new school practitioners. However, we are desirous of having the right of things on whatever topic our correspondents choose to discourse, and should feel injured by any imposition that might be practised upon us, through our ignorance of homœopathic science or chronology.

“The real issue,” say the editors alluded to, “is this—that some, professing to be homœopaths, from ignorance, indolence or hypocrisy, employ venesection, blisters, cathartics, emetics or revulsive and antiphatic measures in the treatment of disease, to the great scandal of Homœopathy. The pure homœopathists or disciples of Hahnemann reject such means, and denounce as mongrels all who employ them. We have stated again and again, that if the doctrine of the dynamization of medicines be acknowledged, he who sees fit to use the 1st or 3d attenuations in diseases may be as sound a homœopathist, so far as principles are concerned, as he who uses exclusively the 30th or the higher; from necessity, this must be left to the judgment of the physician.”

“At Philadelphia, that the doctrine of high potencies was extensively discussed and almost unanimously adopted as the only true method of treating disease, is a complete falsehood, and could only have originated with a man who was not present, or probably *not allowed* to be present. The further remark, ‘in what estimation these opinions are held by some of the most eminent physicians of Germany,’ proves the complete ignorance of the writer. There was not a single eminent physician of Germany at the meeting at Leipsic, the less of the ‘most eminent,’ the meeting was poorly attended and a mere formal affair.”

Somebody must understand this insinuation *about the man not allowed to be present*, and we look with longing eyes for more light upon the subject.

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*Medicinal Preparations.*—Country practitioners who examine the advertisement of Messrs. Colcord, Philbrick & Co., druggists, of Boston, will discover that they have a rare stock of medicines, of great value, since all the new preparations are imported from the first manufacturing chemists in Europe, and may be relied upon as genuine. There is no preparation prescribed for the cure of diseases which cannot be obtained at their house, in its purity.



THE  
BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 22.

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INSENSIBILITY PRODUCED BY ETHEREAL INHALATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Will Mr. Morton's ethereal vapor allay the mental vexation and moral suffering which the papers of his medical supporters have inflicted upon innocent parties, your subscribers, who have been unrighteously cajoled into reading advertisements very like empirical, where they least expected to find them? If this most ancient novelty have such assuaging power, the agent who is now among us to dispense the patent nostrum may do some business. Perhaps even the "ten per cent." might be given for restored equanimity. Good Mr. Editor, how could you let us innocent men be so aggrieved? You know that we are almost driven mad by "patentees." Like Pharaoh's frogs they are in every man's kneading trough. Through every newspaper—political, religious, literary or miscellaneous—we are assailed by "patentees." In our down-sitting and our up-rising, in our houses and in the streets, by printed papers, by flaunting signs, by illuminated letters, by frightful hieroglyphics and by oral applications, we are attacked, out-flanked, surrounded by "patentees;" and now, when driven from all other places of literary entertainment, our jaded minds turn to our private and peculiar journals, lo! even there we are charged to our teeth by "patentees." Truth finds no rest for her foot; the Goths are in the capitol; alas! for medicine!

Excuse me, Doctor, if my style is more passionate than precise. This ethereal vapor is in my head, and though, as your recent pages testify, it makes some of your correspondents dull and heavy, steeping their sense in forgetfulness of things once familiarly known, and blinding them to the perception of things obvious to the plainest understanding, it stimulates other minds to a pitch of exaltation a little too high for grave and sententious utterances. But I am somewhat calmer now, and I will endeavor to put my objections to this business in a shape more dialectical than the exordium.

In the first place, I utterly protest against Mr. Morton, or anybody else, "patenting" sulphuric ether—or its *application*. The law of patents is plain and congruous to common sense. A man may patent an *invention*. If he makes anything new, in the shape of a machine, or if he forms a new substance, he may patent it. But he cannot apply a known substance to a new use and "patent" the right to use it in this way. For example—we all can make gun cotton. The process is

known, it is yours and mine—this gun cotton, with all its powers, is ours, and we may do what we can with it. Well, it has never yet been applied to blasting rocks. I apply it—it succeeds—it proves better than gunpowder. I cannot patent it—I have *invented* nothing. I have only applied a known power. But suppose I apply it through a particular machine, which enables me to apply the power to advantage. Why, then I may patent my *machine*. I may claim exclusive right to the *means* I employ to bring out and make effective the powers of the gun cotton. Prof. Morse cannot patent electro-magnetism, nor can he patent its application to the transmission of intelligence; but he can patent his *machine* for so using electricity. Suppose I give calomel in a case for which it never was given before, and succeed. Think you, Dr. Smith, that I could forbid you or anybody else to use the drug for a similar purpose? Certainly not. Well, then, suppose I use ether—is the case different? But I need not pursue the argument. The theory of patents is plain, the law is plain, and the case in question is plain.

2dly, I protest against the whole business, because I verily believe the great discovery to be utterly useless. If it does not succeed better in Boston than in other places nearer to your humble servant, I would not give a farthing for it. In this part of the world it has utterly failed to do what it ought to do, and unfortunately it has done what it ought not to have done. In one instance it produced distressing sensations about the chest, which warned the inhaler to let it alone, and he has a teasing cough placed to the debtor side of the account. In another the patient did not get insensible, but got drunk, and boxed the surgeon-dentist's jaws, as his reward for administering the intoxicating vapor.

But you will say—"the cases! the cases! Dr. Bigelow's cases! Dr. Warren's cases! the Massachusetts Hospital cases! Are they not satisfactory?" No, Dr. Smith, they are not. They savor prodigiously of "mesmeric" incantation. Do you remember one Dr. Collier, whom a number of the Boston faculty sent to us some years ago, armed with professional certificates, all testifying to his "charming" powers? Pardon me, we are a little suspicious of our Boston brethren since that time. They are clever men, very clever, but—some of them—a little credulous. Just look at these cases a little closely. "A boy of 16" inhales. "After eight minutes his head falls back." Of course he was insensible, and the dentist proceeded to extract the tooth. But the boy was too wide awake, and made "some resistance to opening the mouth." But he inhaled more, and then the tooth was got out. "At the moment of extraction the features assumed an expression of pain and the hand was raised." Very natural, but not ethereal. When he came to, however, he said he had suffered no pain—"not the slightest consciousness of pain," "had dreamed of Napoleon." From all which it is proved, that people may have *pain* (evidenced by "expression of the features" and movement of the hand), and not *feel* it.

"A stout boy" inhaled for three minutes—the muscles were relaxed. "During the attempt to *force* open the mouth" (the muscles being much *relaxed*) he became conscious—inhaled more, became uncon-

scious—two teeth were extracted. The patient seemed “somewhat” conscious—but on waking he declared it was “the best fun he ever saw,” and begged to have another tooth drawn. He was gratified, but this time there was no fun in it, for “the pain proved to be considerable.”

So much for the “stout boy.” “A girl of 16” *flinched and frowned*; but when awake, said she had been dreaming a pleasant dream.

The next patient, “a healthy, middle-aged woman,” manifested no pain at all. And these cases, we are told, are “fair examples of the average results produced by the inhalation of the vapor.” It is likely they are, and they convince us that ether has precisely the power it was known to have had at least, as we have evidence at hand to show, twenty-five years ago; when in certain cases it produced a degree of narcotism, at the expense of great bronchial irritation, and even, as was then supposed, fatal pulmonary disease. Heretofore surgeons have declined using this agent, because they were aware that lethargy and fatal coma were conditions divided by a line of separation too indistinct to permit of the production of insensibility with impunity, and because pulmonary irritation is a more serious evil than pain.

The truth is, that what your correspondents are pleased to call, in medical parlance, “producing insensibility,” is in fact “making people dead drunk.” Everybody knows that when a man is in this curious condition he is very insensible to pain. A poor Irishman in this neighborhood, while in this state of “insensibility,” had both legs taken off by a locomotive. He manifested so little “sensitivity” that he was not aroused until a surgeon was amputating the shattered stumps, when he cried out, “don’t be cutting me, me flesh is aisy to hale.” Can ethereal vapor beat this exploit of whiskey? I trow not. Now, Dr., if we are to induce insensibility by this class of means, I very much prefer whiskey punch to ether, because it is more certain and more permanent in its effects; it is less dangerous, and, lastly, it will be easier to persuade patients to take it. Moreover, I have the same right to patent whiskey punch for this purpose, that Mr. Morton has to patent ether—for I do not know that such an application of the article has been made before.

But admitting that *sul. ether* is an invention; admitting that it has all the powers ascribed to it, should the medical and dental professions sanction the patenting of it?

It is mortifying to have to ask this question. I thought it had been settled long since, as a fundamental principle in medical ethics. What do we, any of us, know that we have not received? And shall the debtors to all the great spirits of our time-honored profession refuse to contribute our little mite to the great common treasury of knowledge? Away with such miserable policy as this! Freely we have received, let us freely give. I have not patience to dwell upon this subject. The “cursed thirst for gold” is always detestable, but rarely more so than when it invades a benevolent profession and would speculate in human misery.

Dr. Bigelow’s reasons for “patenting” in this case are curious.

Reason I. Because the ether is capable of abuse, and therefore



"should be restricted to responsible persons." That is, to such as can pay for it.

Corollary 1. People who have money cannot abuse sul. ether.

Corollary 2. Poor people cannot be trusted with knowledge.

Reason II. Its action (that of ether) is not thoroughly understood, "and its use should be restricted to responsible persons" (people who can purchase the right to use it).

Corollary 1. People who have money can thoroughly understand what is not "thoroughly understood."

Corollary 2. Poor people have poor intelligence.

Reason III. "One of its greatest fields is the mechanical art of dentistry, many of whose processes are by convention secret, or protected by patent rights. It is especially with reference to this art that the patent has been secured."

"Producing stupor" belongs to mechanical dentistry. Certainly; who can doubt it. It is lawful to "patent" anything connected with "mechanical dentistry"—certainly. The profession think otherwise, but no matter: mechanical dentistry differs from other branches of "mechanical surgery," chiefly in this, that it is a fair field for patents. The reason is obvious—to men whose heads are full of ethereal gas.

Corollary. It is lawful to keep secrets from dentists, provided they be imparted to the surgeons of the Massachusetts General Hospital.

*Baltimore College of Dental Surgery,*

Dear Editor, thine ever,

*December 15, 1846.*

T. E. B.

#### REPLY TO A REVIEW OF MISS BEECHER'S LETTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The leading article in your December No. is a review of a letter of mine in the New York Observer, on the Water Cure. In that letter I aimed briefly to set forth these points, viz.:—The water cure is not opposed to, but rather is in strict agreement with the long-established principles of medical science. For evidence of this I referred to a work of Dr. Johnson, and not, as the reviewer asserts, to a work of Dr. Billings. This practice I claimed to be advocated and adopted by some of the best informed medical men in this country and abroad. It is not a hazardous method, far less so than drug medication, and in proof of this I gave, not my own opinion, but a quotation from Dr. Pereira, a standard writer on materia medica, who sets forth some of the dangers of drug medication. This I did not "endorse," as the reviewer charges, inasmuch as it is a subject on which I have little information. I still further remarked that the writers and leading practitioners of the hydropathic treatment do not claim that it is a "cure-all" (as the reviewer maintains they do), nor do they discard the use of drug medication. It is not so simple a method that ignorant empirics can use it safely or successfully, nor can it ordinarily be safely prosecuted at home without the advice of a physician. It is not a hazardous method, when pursued under the care of a well-edu-

ated physician, who has taken proper methods to understand this *peculiar* practice. Its success is not claimed, by those who practise it, to be wholly owing to the use of cold water, but much to the strict enforcement of the laws of health. It is not so harsh and unpleasant as is commonly supposed, and it is *more successful* and *quite as comfortable* in the cold as in the warm months. Dr. Wesselhœft's establishment is probably the best in this country, and he is a man remarkable for sagacity, honesty and benevolence. I might have added, that he has received a thorough and extensive medical education at different German universities, was examined and licensed by government to practise medicine, that he did practise five years, in connection with gentlemen attached to civil and military hospitals, that during this time he and his associates became initiated in the homœopathic system, that he was appointed by government to investigate the claims of several water-cure establishments, and that to perfect his knowledge he resided several months in some of the most celebrated of these establishments.

In reviewing my letter, of which the above is a synopsis, the reviewer states that "these three objects," are aimed at by me: "first and mainly," to show that I am a patroness, and that a new system of medicine hangs by my apron string; secondly, to show the world that I understand a great deal about matters and things in general, and medicine in particular; and thirdly, to advertise a protégé of mine at Brattleboro'. He then quotes what I said of Dr. Johnson, and claims that I said it of Dr. Billings, and adds an argument to prove that Dr. Billings never wrote what he claims that I attribute to him. He also speaks of homœopathy as my "other idol," although I never expressed any confidence in it at any time, nor recommended it except as an escape from more dangerous treatment. He also speaks of Dr. Wesselhœft as one of the class of foreigners "who come from nobody knows where, or for what."

From the above, it is manifest that the reviewer is one whom it would be useless to attempt to answer, and I only ask that this short notice of his article may be inserted in your Journal, that my friends of the medical profession, of whom there are many that I greatly respect and whose good opinion I value, may not be misled as to what I actually have written on this subject.

During the last five years I have travelled extensively in the northern, middle and western States, and owing to my health, have been brought in contact with many of the most learned and intelligent physicians. In this time I have had occasion to observe, to a wide extent, the declining confidence of the most intelligent classes in the prevailing regular system of medical practice, and their extensive resort to homœopathy, not so much from a conviction of its claims as from a feeling that it involves less risk. I have noticed, also, the open, or implied concession among the most candid and intelligent medical men, that drug medication has been carried to an excessive and most pernicious extreme by the profession generally.

I have noticed, also, that in meeting the claims of homœopathy and hydropathy, the profession have in fact been carrying on a war against the *very*

*principles* and the *only* principles by which the regular practice of medicine is sustained. The *frequency* and the *uniformity* with which certain remedies, in the same appropriate circumstances, are followed by cures, is the only proof that sustains medical practice, and when the public find this kind of evidence sneered at, or argued down, because it sustains a system not yet generally established, it either lessens confidence in all evidence of this kind, or in the honesty of those who take such a course. It is this unwise method of defending their profession, which, as it seems to me, is a great support of empiricism and quack medicines among the more intelligent classes in the community.

A late medical writer says, if a medical man "be tolerably conversant with the current medical literature of Europe, he must know that douches, cold baths, cold-water dressings, and to a great extent the *hydropathic treatment*, have become a part of the regular medical and surgical practice of private physicians and of public hospitals, so that it can no longer *honestly* be scouted as a humbug, or German abstraction, or questionable novelty. Hydropathy has become a part of liberal medical science, and it argues inexcusable ignorance, or something worse, in a liberally educated medical man to deny or conceal it."

If this be so, and if the popular and cheap works on hydropathy, so abundant in this country, prove this, and also give evidence that this practice is in agreement with the rules of physiology, hygiene and common sense, will not sneers, or ignorance, or misrepresentation, in reality, do more injury to the members of a profession who thus attack, than to the object of odium?

Hydropathic institutions are now rising in all quarters; some are mere money-making concerns, which must dupe and destroy; others are conducted by philanthropic and scientific men, with the best of motives and results. Would not the interests of medical science and of humanity be promoted by such discrimination as shall secure the support of the medical profession to those that are worthy, and its powerful influence only against the undeserving?

Respectfully yours,

December, 1846.

CATHARINE E. BEECHER.

## MEDICAL CASES AT THE WEST.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following, to me, at least, interesting cases. If you deem them worthy, you will please give them a place in your valuable Journal.

CASE I.—*Remarkable Appearance of the Surface previous to and after Death.* Mrs. I. C., aged 56. Short, thick-set, plethoric habit. First called to see her Sept. 9th, 1844. Had been complaining for several days; not confined to the bed till yesterday; had no treatment. There appeared to be a severe congestion of the stomach and bowels. Liver inactive, jaundiced appearance of the surface and conjunctiva;



tongue coated dark-brown ; fever slight and of the remittent form. Prescribed a brisk cathartic, to be followed by pulv. Doveri.

Sept. 10th.—On my visit found the cathartic had operated only once, and the evacuation then small. Symptoms nearly the same as yesterday. Pulse irregular and compressed. Another cathartic of calomel and jalap, followed by salts and senna, and, if necessary, injections.

11th.—The cathartic given yesterday had produced only three or four small evacuations. She was now put on an alterative course of mercury, combined with Dover's powder and quinine, for three days. Bowels moved by injections. Abdominal region considerably swollen. Blisters and fomentations have been freely applied over the stomach and bowels.

15th.—No effect on the mouth from the calomel. Left off the submuriate, and ordered six grains blue mass every six hours for forty-eight hours.

20th.—No effect being produced, and the patient gradually sinking, the blue pill was discontinued. Brandy and quinine administered. Bowels still torpid, and much difficulty in obtaining an evacuation.

23d.—In consultation with a neighboring physician, it was thought best to again try mercury. Calomel in alterative doses every six hours.

25th.—Can perceive a slight effect upon the gums.

26th.—Ptyalism well established.

27th.—Symptoms more favorable ; swelling of the abdomen entirely gone ; and no difficulty to get an operation from a cathartic.

Oct. 6th.—Patient so that she sits up ; mouth nearly well. Dismissed her as convalescent.

14th.—Again called to see her. Found her in a state impossible to describe. Her entire surface hard and crisped, exhibiting nearly the appearance of a *hard-baked pig* ; not swollen, except the eye lids, which were swelled and inflamed ; mouth and eyes partially opened, and no power to open or close them more ; tongue clean ; articulation not bad, except where labials were necessary ; senses perfect from the first. Surface cracked in many places through the entire cellular substance, in the region of the joints, and in some places the bones plainly to be seen. Was told that she had been getting in this situation for two or three days. Great tenderness of the surface. She lingered till the 17th, and died at 8 o'clock, A. M. No *post-mortem* examination could be had.

I present this case as it appeared, in short. If you, or any of your numerous and scientific correspondents, have seen a similar case, or can suggest anything in regard to the treatment or cause of this peculiar appearance of the surface, they would perhaps confer a favor on some (one at least) western practitioners, by giving it to the profession through the Journal ; for we at the West do not have as good an opportunity of seeing a great variety of cases as those at the East, our diseases being mostly intermittent and remittent fevers.

CASE II.—*Periodical Headache, Neuralgia, cured by Large Doses of Quinine.* Mrs. B., aged 35. Spare, nervous habit, the mother of several children ; been in the country twenty years, her father being one

of the first settlers of this town. Was attacked, May 10th, 1845, with violent pain in the region of the superior maxillary and temporal bone on the left side. Thinking it might proceed from a carious tooth, I extracted it, which, however, gave no relief. I administered a full dose of morphine, with very little relief. The paroxysm lasted about six hours, when it gradually left her perfectly easy, feeling considerably exhausted. The next day, about the same hour as the day preceding (10 o'clock, A. M.), she was again attacked in the same manner—and notwithstanding almost every kind of treatment which is mentioned in books—counter-irritation, cathartics, alteratives, tonics, nervines, opiates, &c.. the paroxysms continued to recur regularly every day for two weeks. Nothing afforded even temporary relief, except dry cupping, which somewhat relieved the pain while the cups remained applied over it. It being about the time that the subject of large and small doses of quinine was agitated by Dr. Van Buren and others, I determined to make a trial of large doses in this case. I accordingly, during the intermission, administered, once in four hours, twenty grains of quinine, and with the most happy results; for she never, from that day to this, has had an exacerbation, and has enjoyed, for her, unusually good health. Having been so long a resident here, we can hardly suppose she was not thoroughly acclimated, or that this nervous pain, unaccompanied by fever, was caused by that peculiar miasm which is said to be the cause of the fevers of this climate.

Very respectfully yours,

Orion, Oakland Co., Mich., Dec. 1, 1846.

I. G. BUGBEE.

## BLEEDING.

[Communicated for the Boston Medical and Surgical Journal.]

"Doctor Dickson, the celebrated Thermal practitioner in England, has nearly abolished the use of the lancet, and considers it fatal in apoplexy and paralysis. Several well-attested cases of apoplexy have been relieved by no other remedy than pouring cold water on the head from an elevation, and persisting in it for twenty or thirty minutes. Inflammation on the brain is relieved by this cold effusion, and the patient recovers."

THE foregoing stupid and lying paragraph is going the rounds of the newspapers; and but for the mischief it may do if anybody is silly enough to believe it, might properly be treated with silent contempt. It inculcates the falsehood that apoplexy and paralysis have been uniformly treated by the profession with the "lancet," and teaches that when these diseases have been fatal, the lancet has been the cause, which is a falsehood equally flagrant. Its stupidity is apparent in attempting to puff "Dr. Dickson, the thermal practitioner in England," by ascribing to him the "abolition of the lancet," which is falsely alleged to have been effected, since the rational use of this agent was never more general in England than now. And the opinion ascribed to him of the "fatality of bloodletting in apoplexy and paralysis," is of itself sufficient to write his epitaph, and justly consign him to the tomb of the no less celebrated Thomson, who used to teach that "*If God Almighty had intended that*

*man should be bled, he would have left a hole in the veins of his arm, and a cork to stop it."* Such logical arguments are worthy of his successors in their war of extermination against "the lancet," and we recommend this citation for the next American edition of Hahnemann's and Dickson's books.

But what shall we say of the prescription ascribed to this "thermal practitioner," that of pouring cold water on the head from an elevation, and persisting in it for twenty or thirty minutes," and this in "well-attested cases of apoplexy" and "inflammations of the brain." To talk of this precise mode of employing the cold effusion as a novelty, and attribute it to Dr. Dickson as a discovery, is superlatively ludicrous, when it is a remedy which has been used ever since the day of Hippocrates, and will be found recommended in every standard work on practical medicine for certain morbid states of the brain from his day to the present time. Every medical tyro has been taught it, and every well-informed physician has thus subdued the high action and violent temperature in certain fevers involving the brain.

But this paragraph refutes itself by directing a "persistence in pouring cold water on the head for thirty minutes from an elevation;" because it proves that the writer of this puff has never used the remedy, nor even witnessed its use. Every practical man knows that so potent is this agency, that even in the cases to which it is adapted, it is hazardous to the life of the patient to continue it half the time named, and that the effects are so powerful that every practical writer or teacher on the subject, accompany its recommendation with cautions and warnings of its danger. And yet it is proposed that the public at large should adopt this practice in the most critical and dangerous diseases, without professional guidance; and an appeal is made to the people in a New York paper to this effect, as one of the fruits of chrono-thermalism, which, it is affirmed, instead of bleeding for apoplexy, cures it by simply pouring a little cold water on the face and head of the patient.

Apoplexy is essentially a "hemorrhagia cerebri," in the language of Boerhaave, nor should this name be ever applied to simple turgescence of the vessels, or venous congestions, as is often ignorantly done; for if effusion within the cranium, or beneath the theca of the vertebral canal, has not occurred, it is not a "well-attested case of apoplexy," even though more or less paralysis may be present, as the result of compression by distended or engorged vessels upon some portion of the nervous centres. This definition is given with the design of demonstrating that the pathological state in true apoplexy is one in which bloodletting may, or may not, be necessary; may, or may not, be contra-indicated; according to the nature and extent of the effusion, the pre-existing morbid state, and the condition in which the patient is found when visited, which will vary according to the time which has elapsed after the commencement of the paroxysm. Nor can any man living decide for or against the cold effusion in any disease of the brain; for or against the use of the lancet, without endangering life; unless these discriminations are previously made. The same may be said of the treatment of paralysis,



which, however, is seldom fatal, except when it is the direct result of apoplexy, and preceded by its paroxysm.

That apoplexy and its terrible results have been *prevented* by the timely and judicious use of the lancet, might be demonstrated to the common sense of the unprofessional, by a reference to the frequent instances of relief from all the symptoms of an approaching paroxysm, by a spontaneous or rather critical bleeding at the nose. I have seen a brace of ignoramuses of the *anti-lancet* school trying to arrest such a bleeding by ice, alum, and more active styptics; and even plugging the nostrils before and behind, terrified at their failure to stop the blood, which if they could have done they would have killed the patient by inducing apoplexy, which was only prevented by this effort of the *vis medicatrix naturæ*, resorted to *se defendendo*, as the lawyers say. In such cases, the curative symptoms not being distinguished from those which are morbid, betrays the profession into blunders of which they ought to be ashamed. Instead of stopping the flow of blood in such a case, it ought to be encouraged, and even aided by "the lancet" if tardy, art following the true indication of nature.

But this subject may be pursued in another article; in which the importance, utility, and *indispensable necessity* of the lancet, and the definite *invariable* rules for its innocent and safe employment, may be exhibited and illustrated by the actual history of diseases, and clinical experience; together with a vindication of the propriety and efficacy of blood-letting, which may serve to stop the mouths of ignorant gainsayers and rebuke their presumptuous folly. Enough has been said to admonish the secular press of the mischief they are ever inflicting upon the public health by incautiously permitting the insertion of medical prescriptions for diseases, from questionable sources. They may regard such notices as that at the head of this article to be a harmless puff of some pretender, and even laugh at any remonstrance, but the victims of such paragraphs may have cause to say, as the frogs did to the boys who stoned them, "It may be sport to you, but it is death to us." R.

#### DISLOCATION OF THE HUMERUS OF FIVE WEEKS' STANDING REDUCED BY MEANS OF DR JARVIS'S SURGICAL ADJUSTER.

Reported by Robert King Stone, M.D.

*Clinique of Prof. J. F. May, Columbian College, Washington, D. C., Nov. 21st, 1846.*—Wm. Boothman, ætat. 36, an Englishman, of exceedingly robust and muscular frame, presented himself to-day, on account of a dislocation of the humerus, the origin of which, he thus describes. About six weeks since, he suddenly ceased his unfortunate habits of intemperance, and in consequence had a slight attack of delirium tremens; whilst in this condition, and crossing a street, he fell, striking the back of his right shoulder against the curbstone. He was not aware that any dislocation had taken place, but supposed that the pain, great tumefaction and discoloration which extended to the wrist,

were merely the results of a violent bruise. It was but a few days before presenting himself, and after the tumefaction had subsided, that he observed the permanent immobility of the arm, and the deep depression under the acromion. Examination detected a dislocation downwards and forwards, with the head of the bone resting under the edge of the pectoralis minor, the elbow thrown backwards and very slight mobility in its new position. Much numbness of the arm had existed since the accident, on account of pressure on the axillary plexus, and was still a subject of complaint. It would be proper to remark that the right clavicle had been fractured in his youth, and its bad coaptation produced deviation backwards and slightly upwards of the acromion. Careful examination satisfied Prof. May, that although the head of the bone was but slightly moveable, no danger was to be apprehended from any complication of the axillary artery.

Although previously preferring and exceedingly successful with the pullies, Prof. May acceded to my wish to apply the apparatus of Dr. Jarvis, in a case so capable of testing its powers. Its application was preceded by *vs.* 3 xvij., and an ineffectual attempt to nauseate with tart. antim. and ipecac. Traction for a few minutes, in connection with the rotation so fully permitted by the adjuster, seemed greatly to increase the mobility of the head of the bone, and the ratchet bar was left in this position for some time, in order to weary the muscles and act gently upon the adhesions. This alternate extension and rest was continued at proper intervals, when just before the moment at which reduction would have been perfectly practicable, the extending bands, which had not been previously well examined, all gave way, leaving only the gain of greater mobility at the head of the bone. As it was impossible to remedy the accident at that moment, Prof. May applied the sheets, &c., in the ordinary method, assisted by Profs. Miller, Johnston and others, but without success. Recourse was next had to the pullies, which being gently and steadily applied for a long time, until the man's endurance was exhausted, were also laid aside.

In questioning the patient as to the relative suffering during the three processes, he declared that the action of the adjuster was by far the least painful, and at the moment of snapping the extending bands, he "felt the bone at its socket, and that it slipped away."

Nov. 23d.—*Vs.* 3 xx. Tart. antim. and ipecac. with much better effect; the man for the first time acknowledged nausea. Having procured stout cords, we proceeded to the reduction with Jarvis's adjuster. The axilla was filled with a mass of cotton as usual, and the pad of the fork placed thereon. It may be worthy of remark, that on this occasion, the perineal was substituted for the axillary fork, on account of the man's great depth of thorax, as it was observed that on bringing the elbow forward, on Saturday, its end impinged upon the sternum, causing excessive pain. The arm being flexed at the elbow, the extending cords were made fast and extension commenced. At this stage of the operation, the vast superiority of Dr. Jarvis's instrument was manifested, for whilst extension was made precisely in the axis of dislocation, Dr. May, with one

hand in the axilla and the other grasping the forearm, had the most perfect command of the limb, and could produce rotation at his pleasure. When satisfied that the head of the bone had been brought low enough in the axilla, and sufficient mobility existed, a broad band was passed under the neck of the humerus and tied over the shoulders of the operator. The forearm was then resigned, and with both hands he grasped the bone in the axilla, at the same time throwing back his body, so that the head of the humerus was forcibly lifted upwards and outwards. Whilst this manœuvre was performed, the elbow was rapidly thrown forwards at "the word" and "hard up" against the ribs, and the extending bands instantly relaxed. As a matter of course, the bone entered the glenoid cavity precisely in the same manner as it left it.

Although this case had resisted the best efforts with the sheets and pulleys, the reduction was effected in less than thirty minutes with the adjuster. Of course a very slight depression remained after the reduction, on account of the wasting of the deltoid, &c.; but when a pad was placed in the axilla and Desault's apparatus applied, the roundness of the shoulder was restored, making but a slight deduction for the deformity from the old fracture of the clavicle. This result is a source of gratification to the operator and those surgeons who witnessed it, as it proved conclusively the great power of the instrument, and that the manœuvre could not have been thus performed with the aid of any other. I should remark, that the method of commanding the head of the bone by Prof. May, in connection with the instrument, was novel to myself, although I had the pleasure, a year ago, of seeing Dr. Jarvis apply the adjuster in a similar case at the Military Hospital of Val de Grace at Paris.

In the application of this instrument, the proper rule for traction seems to be, to draw down until the patient feels it severely, and then to rest a few moments and rotate, waiting until the muscles are so wearied as to enable us, when extension is resumed, to make great progress at a moment when they are unable to resist. Extension and rest are thus to be alternated, until the operator is satisfied that the head of the bone is brought down parallel with the plane of the glenoid. In this case there was no deviation in extension from the axis of dislocation, and the head was made to retrace its path precisely; then by lifting it forcibly, whilst at the time of relaxing the extension, the elbow was brought forwards and close to the thorax, the bone was set free in a line outside of the glenoid cavity. When thus set free, the muscles were made available, and even the triceps and pectoralis assisted in the reduction.

The patient is now perfectly well—only carrying his arm in a sling as a precautionary measure.

*Washington, D. C., Dec. 20th, 1846.*

#### EXPERIMENTS WITH THE LETHEON IN NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

THE attention of the professional public has been recently fixed upon a discovery said to be capable of preventing the severe sufferings of pa-



tients undergoing surgical operations. The mere announcement of such an improvement cannot fail to interest every man of common humanity, while to the operating surgeon it opens the prospect of a most gratifying triumph of his art. Every fact, well attested, is of interest in relation to the history of this new expedient to relieve human suffering. The following cases having occurred in this city, and being the first operated on under the influence of the new process, may, perhaps, be regarded of sufficient importance to deserve record.

On the 20th ultimo, Dr. Horace Kimball, an accomplished dentist of this city, put in my hands a recent No. of the Boston Medical and Surgical Journal, containing an article from the pen of Dr. Bigelow, on this subject. There was no room to doubt the respectability of the source from which the information was derived, and accordingly I made arrangements with Dr. Kimball to have the inhalation administered to a young lady who was to be operated on for the removal of a scirrhus tumor under the right mamma on the 21st ult. Owing, however, to his inability to avail himself of the use of the only apparatus for its administration at that time in New York, the lady, after having had her hopes raised, was obliged to submit to the operation without being able to participate in the benefits of the new discovery. It was successfully performed, and she has since entirely recovered.

On the 4th inst., Dr. Kimball having become the agent of the discoverers in this city, and having provided himself with the necessary apparatus, afforded me an opportunity of making a trial of the inhalation at my office, No. 11 Carroll Place, in the presence of several professional gentlemen and medical students, in the case of a young lady from Brooklyn. The case was one of enlarged tonsils. The patient, after respiring the ethereal vapor for a few minutes, became apparently insensible, breathed heavily, had the pupils dilated and the pulse slightly accelerated, when on attempting to open her mouth, I found the jaw closed spasmodically. This obstacle was in a minute or two overcome, and her mouth was opened, when a pleasant smile passed over her countenance. The left tonsil was excised, apparently without her notice. I laid down the instruments, intending to have the inhalation repeated before the removal of the second tonsil, but at the suggestion of Dr. Kimball, that she was still under the influence of her original dose, I proceeded to the removal of the second tumor. She soon afterwards opened her eyes and smiled with returning consciousness. She declared that she had no knowledge whatever of the first operation, but remembered smiling at having her mouth "so nicely opened."

The operation in the first instance was thus perfectly successful, and in the second was partially so, and but for the time lost, quite unnecessarily, both the tonsils might have been removed during the period of her entire unconsciousness.

Another operation was performed on a boy who had been my patient in 1840, with a double hare-lip, complicated with a terrible fissure of the palate. In this case, which had been perfectly successful, the end of the nose was drawn down a little to the lip, and he had been desirous him-

self of trying the effect of an incision at the upper part of the lip, with the view of liberating it, and giving a better expression to these features.

He inhaled the vapor for two or three minutes, and became entirely insensible. The knife, a small straight bistoury, was passed just under the ala nasi of the left side through the upper lip, and brought out at the corresponding point on the other side, completely separating the lip from the nose, without apparently occasioning the least sensation.

It was several minutes before he recovered his consciousness. On being interrogated, he declared that he was not sensible of being hurt—did not know when he was cut—and felt no pain. His appearance and expression of countenance corroborated entirely his declarations, and left the fullest impression on the minds of all present, of the perfect insensibility occasioned by the ethereal inhalation.

As I had repeatedly inhaled the vapor of sulphuric ether, as long ago as the year 1822, and as I had seen it inhaled repeatedly by others, I was desirous of trying on myself the effects of this agent, in order to satisfy myself whether I could discover any difference in its apparent effects from those of the vapor of ether.

I was thrown into a state of perfect insensibility, unaccompanied with the least pain or inconvenience, but on the contrary I felt, on recovering, as if I had been in a beatific vision. No headache or unpleasant sensation of any kind followed the inhalation, and I recognized precisely the sensations which I had formerly experienced from the effects of ether.

On the 8th of this month I was present, by the polite invitation of my distinguished friend, Dr. Mott, at an operation which he performed on a lady for the removal of a cluster of tumefied glands from the right axilla. After inhaling the vapor for a sufficient time to induce a state of insensibility, an incision of four or five inches in length was made parallel to the edge of the pectoralis major, and after some progress had been made in the operation, the patient was asked by Dr. Kimball how she felt. She replied, "very comfortable." "Do you feel any pain?" "No." To the same question repeated after a short interval, a similar reply was made—and after a further lapse of time the patient partially arousing, inquired, "have they begun the cutting?"—thus manifesting her total unconsciousness of what she had passed through, up to that period. Afterwards her sense of pain appeared for some time considerably blunted, but she became gradually more and more conscious of what was done, until at last her sense of suffering seemed to be entirely natural.

In this operation, which, from its position and the implication of important parts, was necessarily protracted, the influence of the narcotic agent was not sufficiently permanent to prevent entirely the sense of pain; yet it was evident, both to the accomplished operator, and to all spectators as well as to the patient herself, that her sufferings were in part averted entirely, while the rest was greatly mitigated.

On the 10th inst. I accompanied a young lady to Dr. Kimball's, who had a second bicuspid tooth on the left side of the upper jaw removed, under the influence of the ethereal inhalation. In this case the patient

raised her hand to the mouth as if to prevent the process, but when it was accomplished she manifested a total ignorance, not only of pain but of all knowledge of the operation. She declared that she knew nothing about it, and remembered only a delicious dream or vision.

No evil consequences followed in this or either of the preceding cases, and the effect of what I have seen has been on my own mind a firm conviction that the discovery of Drs. Morton and Jackson has added to the resources of the surgical art, one of the most invaluable benefits of which modern times can boast. It is certainly a great boon to suffering humanity, and they deserve the unmingled gratitude of mankind. In amputations, and all other surgical operations which can be performed at once with rapidity and safety, this discovery furnishes a perfect immunity from pain; and in those more protracted, a great alleviation may be obtained; while that most excruciating operation, the extraction of teeth, which everybody has more or less frequently to endure, is no longer an object of dread, since by means of the inhalation the patient is rendered absolutely and entirely unconscious of pain.

In reference to the *rationale* of the process, it will immediately occur to the practical surgeon that in cases of cerebral injuries, where coma exists, and where operations for cutting the scalp and removing bone by the trephine and saw, are habitually performed without consciousness on the part of the patient, a case is presented parallel to that of insensibility from inhaling the vapor of ether. The ether is absorbed with the oxygen of the atmosphere during inspiration. Is it not natural that it should excite a certain degree of dilatation of the vessels of the brain, slight and evanescent certainly, but still producing a temporary pressure on the cerebral substance, thus furnishing at once an analogy with the coma of compression, and an explanation of this most singular and interesting phenomenon of insensibility to the knife induced at will, and with an impunity as real as it is surprising.

In furnishing this record of the first cases of surgical operation, performed in New York under the influence of the Boston discovery, I feel that I am contributing my humble share to the mass of testimony which my fellow men have a right to demand on an occasion which appeals to the love of human nature as well as to the pleasure and pride of a profession in itself most honorable, and which receives from this discovery a happy addition to its glorious and humane triumphs. A. L. Cox.

No. 11 Carroll Place, New York, Dec. 18th, 1846.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 30, 1846.

*Blood-root.*—In consequence of the statements of correspondents from time to time, on the medicinal value of *sanguinaria Canadensis*, we take



the liberty of again directing the attention of practitioners to the subject. Without having had an opportunity to test its efficacy as extensively as the acknowledged merits of the article demands, our personal recollections of the good effects of an external application of the pulverized root to the surfaces of bad-conditioned ulcers, leads to a belief that much more might be accomplished by this simple native production, than has been supposed could be, even by those who are strenuous in recommending it with confidence as an extraordinary remedy. Having, on some former occasion, adverted to the excellent effects of the fine powdered blood root, applied daily to that class of ulcerated legs which are common but difficult to heal on men advanced in years, it would be but a repetition of former suggestions to say more on this head. Again,—ulcers of the breast, of the deep, ragged kind, having inflamed margins, accompanied by a knotted hardness at different points in the neighborhood of the focus of the disease, are singularly benefited by this same treatment. Of the various internal uses of the tincture, which is the more common mode of administration, we apprehend there is reason for expecting far greater results from it than have yet been obtained. If, as has been suggested, it is efficient in gangrene, the present is a good time for bringing this mode of treatment before the schools; and as in many of them the daily propositions to the students are illustrated in hospitals, where a variety of maladies are presented, this remedy for gangrene might be fairly tested.

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*Surgical Cliniques at Laporte Medical College.*—Newspapers are occasionally received from the far west, containing graphic descriptions of the character of the diseases presented at Dr. Shipman's Surgical Clinique, at the University School of Medicine, in which that gentleman holds the chair of Operative Surgery. While he is giving the best instruction to the students of the institution, he is also giving advice of great value to the poor, who are induced to traverse extensive regions of country to avail themselves of Dr. Shipman's surgical skill. We congratulate the college in securing the services of one so well calculated to increase the reputation of the medical department of the university; and the people, on having access to an experienced operator, whose success is based on a familiar knowledge of the physical organization of man.

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*Phrenology in London and Boston.*—What a pity that the magnificent collection of casts and skulls belonging to the London Association of Phrenologists, should have been scattered all over the kingdom. The society is dead. Here in Boston, a Phrenological Society, the skeleton only of which remains, was once distinguished for its activity, and the enrolment in its archives of the names of some of the highest geniuses on the continent. The Boston society's collection of heads is large, and in fine condition,—but its richest gem is the skull of Dr. Spurzheim, admirably prepared, which has a small iron safe appropriated to its protection. No meetings of the members are now held. What has become of the cabinet? It should be lodged in a fire-proof building—for it is exceedingly valuable, aside from all phrenological considerations.

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*Dublin Quarterly Journal.*—Although we have in vain attempted to maintain a regular exchange with this excellent publication—and are even

in doubt whether the letters we have addressed to the present and late editors, ever reached their destination, we are nevertheless happy to reassure both gentlemen, that their efforts to accomplish the exchange are perfectly satisfactory, and it is hoped we shall yet succeed. Few, if any of the medical periodicals from Europe take a higher rank than this. It is characterized by peculiar fairness, dignity and energy of purpose. There is a massiveness in the majority of the articles, that makes heavy demands upon the hours of the reader, like a well-constructed volume; but if they are ponderous, they also abound in essential thoughts and intimations, which abide in the memory, and therefore permanently benefit whoever patiently sits down with a determination to understand them. While it maintains its present reputation for consistency, Dr. Wilde is destined to realize the highest aspirations of his ambition. To the patronage of our countrymen—those who appreciate the profound attainments of men who are pillars in the modern temple of medicine—we can conscientiously recommend this erudite quarterly.

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*Improvements in Medicine—Dr. Dugas's Introductory.*—Prof. L. A. Dugas, of the Medical College of Georgia, on the 7th of Nov. delivered an introductory to his course of lectures on Physiology and Pathological Anatomy, which has since been published by the class. Dr. Dugas is not a brilliant writer, but he is just to the merits of others. He gives good weight and measure in speaking of the characters and genius of those who have enriched the medical literature of the world, or especially enlarged our knowledge in any particular department of the profession. If we could do by him as generously as he has by those whose names are presented for the admiration of his students, a considerable part of the pamphlet would be republished; but the press of local matter admonishes us to economize our pages as much as possible.

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*Care of the Teeth among the Brahmins.*—Mr. Joseph Murphy (says the Dental Mirror), in his Natural History of the Human Teeth, informs us, that “The natives of Hindostan, the Brahmins in particular, are extremely delicate in every point relating to their teeth. Every morning, when they rise, they rub them for upwards of an hour with a twig of racemiferous fig tree, at the same time addressing their prayers to the sun, and calling down the blessings of heaven on themselves and their families. As this practice is prescribed in their most ancient books of law and divinity, we imagine it coeval with the date of their religion and government. It exhibits a curious proof of the regard which this polished and scientific people had for the purity and beauty of the mouth, when so simple a practice is inculcated as a law, and rendered indispensable as a religious duty.”

The Brahmins are said to have finer teeth than any other people in the world. This is, without doubt, in a great measure to be attributed to the attention that they pay to their cleanliness. These people, also, separate their teeth with a file, as soon as the second set is perfectly formed, but we cannot determine whether this be for the purpose of preventing decay, or of adding to their beauty.”

## New York Correspondence.

" See ocean into tempest tost,  
To waft a feather or to drown a fly."

The homœopathics in New York are in a fair way to devour each other, after the manner of the Kilkenny cats. At their late convocation, it was ascertained that their most prominent and conspicuous partizans, including their acknowledged leader (now that Dr. Gram is no more), had been bleeding, puking, purging, blistering, and mercurializing their patients, while sailing under the Hahnemann flag, and even alternating all these remedies with pellets of sugar of milk, and infinitesimal dilutions. It was in vain that these latter claimed that these allopathic remedies were "homœopathic to the disease," and therefore lawful ammunition in the "work of death;" the honest men who have been duped into the silly conceit that "the doses of drugs cannot possibly be too small," as taught by their great German master, and that the higher dilutions "if shaken from above downward" develop potencies, which will "cure all incurable diseases," regarding the "tricks of the trade" to which many of their brethren were addicted, as forfeiting their claims to be recognized as real Simon Pures. But on a trial of numerical strength in the election of officers, it was found that one of the deserters from the pure faith was elected Corresponding Secretary, the most important office in the sect. Whereupon some twenty or more, who claim to be pure homœopathics, in contradistinction to those who run an accommodation line, which takes in all sorts of passengers, forthwith repudiated all connection with the Society. Another Society is to be formed, from which all are to be excluded who do not strictly adhere in all cases to the sugar pellets, moistened with "the infinitesimal solution of nothing." Each of these divisions of the homœopathic army now open a battery on each other, and the result of the conflict cannot be doubtful, with such redoubtable heroes as Gray and Hull on one side, and Kirby and Snow on the other.

Meanwhile the days of Hahnemannism are numbered in this city, for all confidence in its disciples has departed. Its greatest dupes now only take the pellets of sugar of milk, when there is nothing the matter; and whenever they are sick, they abjure homœopathic trifling, and employ a physician proper who has maintained his integrity in the profession. It is this that has driven many of their practitioners to proffer their patients a resort to allopathy, when they will no longer trust to homœopathy, they professing to practise on either system, or both, to suit the times. This device may serve the purpose of those who have a smattering of knowledge in the old school, but those who know nothing but homœopathy are in a bad fix. *Hanc illæ lachrymæ!* Some of them have taken hold of hydropathy, others of mesmerism, and one of them has become a new recruit to chrono-thermalism, being No. 2 of this new sect. Shade of Hahnemann! *O tempora! O mores!*

*Ligature of the External Iliac Artery.*—Prof. Mott, of New York, has again tied the external iliac artery, for a diffused aneurism in a young gentleman from Alabama, who had been wounded in a conflict in the "field of honor" by a pistol ball. The operation was performed a few days since. We learn that this is the seventh time this artery has been taken up by this able surgeon. During the last week the same gen-



tleman removed a carcinomatous mamma from a lady now in the 90th year of her age. The wound has nearly healed, and she bore the operation like a heroine. She had at first consented to try the ethereal vapor, and the apparatus was prepared. But after a few inhalations, when she began to feel its earliest effects, she hastily withdrew her lips from the mouth-piece, and said to Dr. Mott, who sat quietly with his scalpel in his hand, "No, Sir, I will not be stupefied, you may cut." The case is unique in one respect, certainly, for though an active old lady in body and mind, she has passed her 89th year, and the operation has undoubtedly extended her life, while she can scarcely survive long enough at her age to suffer from the return of the disease in any other gland.

*Chemistry.*—The equivalents of silver, potassium and chlorine, have been hitherto calculated from the results of the analysis of the chlorate of potass. M. Maumené employs a new method, based upon the decomposition of the oxalate and acetate of silver, and finds the following equivalents, which differ only in a slight degree from those heretofore adopted:—Silver, 1390.42; chlorine, 442.04; and potassium, 487.78.—*Medical Gazette.*

*Medical Miscellany.*—Four thousand out of a population of thirty-five thousand have died of cholera in Bagdad.—Dr. Connelly, an army surgeon, is a prisoner in the hands of the Mexicans.—Dr. Brook, of Manchester, N. H., took his departure suddenly for the South, on account of an alleged infraction of the law.—One Dr. Cobb, in Vermont, has written a book, "which teaches a man to find out what he knows by looking in a common looking-glass."—A destructive fever was raging at the Cape de Verds, at the last accounts.—A large number of soldiers are in the hospital at Santa Fe, who were made sick by drunkenness and other vices.—One Dr. Eastman, of Lynn, says a paper of that town, is about opening a hydropathic establishment at Dracut, opposite the city of Lowell.—A cold-water journal is about being published at Lynn—at one dollar a year.—The Rev. Le Roy Sunderland, the pathist, minus the hydro and homœo, is lecturing to large audiences in New York on subjects that always take well with a certain class of hearers.—Dr. G. Bailey, Jr., is to be editor of a newspaper at Washington.—As usual there is an excellent class in attendance on the medical lectures at Yale College, the present season. The number does not equal some other institutions, but in no place is the course of instruction more perfect or thorough.

To CORRESPONDENTS.—A paper on "Impure Homœopathy" came too late for insertion this week.

DIED.—In Columbia, Pa., Dr. H. McCorkle, 70.—At Enosburg, Vt., Dr. Eliphaiz Eaton, 75.—At Edinburgh, on the 11th of October, Dr. John Thomson, late Professor of General Pathology in the University of Edinburgh, aged 81.—At Paris, Dr. Auguste Berard, Professor of Clinical Medicine at Paris; Charles Derosne, a member of the Royal Academy of Medicine, well known by his researches in organic chemistry.

*Report of Deaths in Boston*—for the week ending Dec. 26th, 49.—Males, 27—females, 22.—Stillborn, 6. Of consumption, 4—lung fever, 16—typhus fever, 3—disease of the bowels, 1—old age, 4—croup, 2—dropsy on the brain, 2—disease of the heart, 1—child-bed, 1—fistula, 1—paralysis, 2—debility, 1—intemperance, 2—burns, 1—disease of the stomach, 1—hooping cough, 2—cancer, 2—influenza, 1—jaundice, 1—inflammation of the bowels, 1.

Under 5 years, 13—between 5 and 20 years, 5—between 20 and 40 years, 12—between 40 and 60 years, 6—over 60 years, 13.

*Insensibility during Surgical Operations.*—It will be impossible, and it would not be advisable if it were possible, to furnish the readers of the Journal with all that may be said among the profession respecting the patented process of inhalation. Some of the remarks by the conductors of our Medical Journals are all that we can find room for, and these we shall endeavor to present fairly, though briefly. The following is quoted from a long article on the subject in the New York "Annalist," edited by Wm. C. Roberts, M. D.

"Into the effects produced by the inhalation of the compound, and its possible dangers, we shall not enter, referring the reader to the original, from which he will gather them much more fully than our space will suffer us to detail them. \* \* \* \* \*

"But, even admitting, in the fullest manner, its safety and its efficacy—acknowledging that the possession of some such agent in removing the agony of surgical operations, has been a desideratum since the earliest dawn of our art, and assuming that it is now happily supplied, let us consider its use, under present circumstances, in the hands of medical men, in an ethical point of view.

"We find, *in primis*, that Doctors Jackson and Morton have invented a remedy, of which they conceal the nature from the public, for interested purposes, and which they secure by a patent. Now if this be not nostrum-mongering, if it be not quackery in the oldest and fullest acceptation of the term, we do not know its meaning; and unless the parties conceive, that by their being, the one a chemist and the other a dentist, they are absolved from the ordinary ethical observances of medical men, they have done what must draw upon them the disapproval of all their right-thinking brethren, and threatens to exclude them from the professional pale. They are now of the race of the Swaims, the Dalbys, the Godfreys, the Solomons, '*et id genus omne*,' and, instead of being, by a generous disclosure of their process, public benefactors, are—*what* we shall leave it to the profession to determine.

"Now, it has ever, so far as we know, been a standing rule of medical ethics, that to this class of persons, the patronage of the profession is not to be given; that they are not to be associated with; that the concealment of a remedy, calculated to be of general benefit, on selfish grounds, was the very height of professional delinquency, and renders the perpetrator of an act so unworthy, liable to all its pains and penalties, and to the reproof of all his high-minded brethren. But we find that Dr. Warren (the most eminent man in the city of his residence), and Dr. Bigelow, both surgeons to the Massachusetts General Hospital, not only use a secret patented nostrum in their practice, but give it the sanction of their approbation; and the latter is at pains to 'apologize for the arrangement which has been made with regard to the application of the new agent.' How unsatisfactory, nay, how reprehensible these apologies are, we shall not here stop to show; their fallacy is so evident as only to require them to be read. 'Many will assent with reluctance,' says Dr. Bigelow, 'to the propriety of restricting by letters patent, the use of an agent capable of mitigating human suffering.' We hope so. We hope that the name of these will be 'legion.' But it is not on these grounds that we have ventured to impugn the correctness of Dr. B.'s conduct: our business is with *him*, and to with them."

## CASE OF TYPHUS FEVER, WITH INFLAMMATION OF THE TONSILS.

By Edward Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

JULY 24th.—I was called to visit a little girl, 9 years of age, who had been exceedingly delicate and feeble from childhood. For several years after birth, the foramen ovale of the heart had remained open; and her life was prolonged with extreme difficulty.

During the last winter, she had an attack of scarlet fever, which left her with inflammation and enlargement of the tonsils; so great as, at times, to threaten suffocation. She went through a course of various remedies during the winter; and in the spring she was brought to me to prescribe for her, for the first time. I directed a gargle of muriatic acid, which she used for some weeks, to the entire relief of all the distressing symptoms.

On my visit (July 24th) I found she had been taken ill at school the day before, complained of feeling very cold, and was sent home. She had had a cough for several weeks previous. On coming home from school a dose of rhubarb was given by her parents, but without benefit. When I saw her, the symptoms were languor, slight pain in the back, vomiting, difficult breathing and cough. The pulse was not full or hard, but rapid and decidedly of the typhus character. The danger of allowing symptoms of pneumonia to remain unchecked in so delicate a girl, as well as the tendency to vomit, decided me upon giving an antimonial emetic. I directed half a grain of antimony to be given in a tablespoonful of water, every ten minutes, until vomiting ensued. The emetic operated ten or eleven times, and was succeeded by a cathartic operation. She was so little exhausted by these operations, that she walked readily from one room to another without assistance.

On the next morning, the 25th, I found the cough and dyspnoea subsided. The good effect of the emetic was evident in the relief of these symptoms. On placing my ear to the chest, there was no abnormal sound. The breathing was the gentle, regular and unobstructed respiration of an adult. The pulse, however, was unchanged. She was lying on the sofa very quiet, but not apparently dull or languid. There was still some irritability of the stomach. I now gave simply a febrifuge mixture of nitrous ether, paregoric and antimony; and a Dover's powder at bed-time.



The next day, July 26th, I found her very much the same. She was still lying on the sofa; there was still the same typhoid pulse unaltered, and the same quietude and absence of all other symptoms.

27th.—Complains now of soreness of the throat. Pulse as yesterday. As the stomach continued irritable, and the bowels were costive, I gave five grains of submuriate, to be followed by oil, and an injection, if no operation.

28th.—After the medicines and injection had a very free operation. I found her nearly the same as yesterday. The tonsils are now somewhat troublesome. I visited her in the evening, and found her not so well; and her breathing was laborious. The fact, however, of her having so often suffered from this cause more severely, made me think less of this symptom than if it had been a novel one. The steady continuance of the same character of the pulse unchanged, small, and quick, however, made me anxious.

On the 29th, about 2 o'clock in the morning, I was desired to see her as speedily as possible, as she showed urgent symptoms of suffocation. On examining the throat, I found the tonsils greatly swollen, filling up the passage. Her mind was clear, and she spoke in a whisper. The pulse was still rapid, but it was now the full, strong pulse of inflammation. I scarified the tumor on the right side which was the largest, and there was a discharge of pus, with some temporary relief. I directed a mustard poultice to be applied hot to the throat, and the steam of hot vinegar to be inhaled from the nose of a teapot. The latter direction, however, was not carried into effect.

I repeated my visit about 7, A. M., and found her in the same condition. The parents now proposed to send for Dr. James, the experienced physician of Weston, who had attended the patient in infancy, to meet me in consultation, to which I readily assented.

Dr. James saw her with me about 10, A. M., and examined the throat as well as the general symptoms. He considered the general affection as most important; and agreed with me that the case was one of extreme danger, though not desperate. He advised the freer use of antimonials, the exhibition of an injection, Dover's powder, ammoniated liniment to the neck, and vitriolic drinks.

The injection operated well. She took the medicine and drinks without difficulty, and without their exciting vomiting or nausea; but there was no relief of the distress. I was sent for about 4, P. M., as it had increased. I found her still perfectly conscious, lying most of the time with her mouth open, the head low and stretched back, countenance livid, blueness about the nose, &c. I carried with me an inhaler, and exhibited, in this manner, the steam of hot water, which she was able to draw in, by her own efforts, on being directed to do so. I had ordered inhalation in the morning, but as I did not attend to its performance, it was neglected. It seemed now to give some slight relief, but the patient was evidently beyond the reach of medical treatment. She died about 10, P. M.

Inflammation of the tonsils is not in general considered as a dangerous

disease. It most generally terminates favorably, either by resolution or suppuration. During the prevalence of scarlatina anginosa in the spring of 1845, I had some twenty cases, all of which terminated favorably, though in one or two, the symptoms proceeded to such a degree, that immediate suffocation seemed imminent; but relief occurred by the breaking of the abscess and discharge of pus.

Dr. Gregory states, that *cynanche tonsillaris* is not dangerous, unless the enlargement of the tonsils causes them to press upon the glottis and produce spasm.

December 11th, 1846.

#### PROF. PAINE'S ADDRESS.\*

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Observing in a recent No. of your Journal an extract from Prof. Paine's late Valedictory Address to the graduating class of the New York University, entitled "A Defence," &c., I deem it my duty to ask a brief space in your pages for a reply. I do this for several reasons. First, because the address or "defence" contains many errors and misrepresentations; second, it *slanders*, instead of defends the medical profession of its author's own State; third, it inculcates unsound doctrines; and, fourth, because it would be manifestly unfair to wholly neglect the production of one who, not only "for the third time stands up *alone*, in the broad expanse of America, in an open *defence* of the *honor* and dignity of the profession of which he is a humble member;" but who is also so exceedingly *liberal* as to publish this *third* defence, at his *own expense*, in numerous *editions*, and directs them with his own hand to every physician within the sphere of his knowledge, whether in Europe or America, thereby leaving the reader to infer that it had met with an unprecedentedly rapid and extensive sale.

It will be remembered that previous to the meeting of the National Medical Convention, in May last, two or three articles were published in the New York Journal of Medicine, over the signature of N. S. D., relating to the present condition of the medical profession, and the necessity of some reforms. These articles Prof. Paine, in his "defence," represents as "duly authorized" emanations from the "Chairman of the Committee of the New York State Medical Society," instead of being simply the private views of the writer. And to sustain his position, he makes the following quotation from the article in the November No. of the New York Journal:—"There is, at present, a fair prospect for a *full* and *animated* convention. This being the case, we (the committee) hope it will not be deemed out of place for us to write," &c. My language in the Journal is as follows:—"We are *assured* that the *committee* to whom the subject has been entrusted, have been, and still are, actively engaged in the performance of *their* duties; and that there is at present

\* "A Defence of the Medical Profession in the United States," by Martyn Paine, M.D., Professor of the Institutes of Medicine in the University of New York.



a fair prospect for a full and animated convention. This being the case, we hope it will not be deemed out of place for us to write," &c. Is it possible that the learned Professor commenced his quotation in the middle of a sentence, and *interpolated* the words "the committee" in brackets, for the *purpose* of perverting my language and meaning? Again, on pages 14, 21, 22, of the "defence," I am charged with having accused "ninety-nine out of every hundred" of my professional brethren of being in a state of "*abject ignorance*," and "unable to write their own names." And to sustain this charge, on page 21 he uses the following language, viz., "But since he . . . . . pronounces '*ninety-nine out of every hundred*' of the American medical profession as deficient in the elements of an *English* education—so deficient, he says, that when admitted as medical students it was '*no matter if their primary education should not enable them to write their own names*.'" Here the *defender* of our profession has brought together, and Italicized, two quotations from me, as though I had used them in connection; and in several other places he puts together the same expressions. Indeed, he devotes a whole page to the important object of proving that the *whole* graduating class in the New York University *can* write their own names. Now, when the reader is informed that the phrase "ninety-nine out of every hundred" is quoted from the New York Journal of Medicine for November, 1845, where it relates *solely* to the deficient acquirements of young men in "*practical*" *chemistry* and *botany, anatomy, physiology* and *pathology*, without the remotest reference to "*English*" or primary education; and that the other paragraph, "*no matter if their primary education should not enable them to write their own names*," is quoted from the same Journal for January, 1846, where it stands in the following connection: "In regard to remedies for the present defects in our system of education, first of all, and at the *foundation* of all, we place more care on the part of *individual* practitioners concerning the capacity and qualifications of young men whom they receive into their offices as students. No one can have failed to notice the almost total neglect everywhere apparent in this respect. Whoever takes a notion to study medicine, no matter if his primary education should not enable him to write his own name intelligibly, much less to understand a single branch of natural science, and his intellectual faculties naturally as dull as the sleepest drone in the country, he is readily received into *some* office," &c.; what inference can he draw from the many changes rung, by Prof. Paine through one half of his entire "defence," on these two paragraphs so linked together as to wholly destroy their original meaning? Can the reader find *where* I have "pronounced '*ninety-nine out of every hundred*' of the American medical profession as deficient in the elements of an English education"? Or can he find *where* I have denied that not "more than *one* in a hundred of you" (the graduates of the New York University) "are able to write your own names"? We would not be uncharitable, but truly such miserable perversions of one's language, and such misrepresentations of the sentiments of others, would disgrace a fourth-rate pettifogging lawyer in a justice's court.



Not only is the "defence" filled with such perversions and misrepresentations as already noticed, but it betrays on the part of its author the most inexcusable ignorance in regard to the transactions of the New York State Medical Society, as well as the published opinions of its members. Thus, on pages 14 and 15, we find the following language, viz. : "And this leads me, reluctantly, to notice the remarkable fact, that amidst all the outcry about medical colleges, *not a word* has ever been alleged against those numerous 'hoppers' which exist in the shape of 'Censors' of State and County Medical Societies. Not a word, gentlemen; for that would be the *outs* against themselves." Verily, this able *defender* of the medical profession must have just awoke from a "Rip-Van-Winkle nap," during which the doings of the profession in this State, for the last four or five years, were entirely lost. I hope, for the sake of historical truth, that he will take the trouble to look over the annual volume of Transactions published by the State Society during the last five or six years, before he "incorporates" this paragraph in his proposed "Sketch of the History of the Medical Department of the University." He will there find, to his surprise, no doubt, that these same "*outs*" have not only spoken *words* concerning the abolishment of *County Censors*, but have also taken decided *action*, both in the State Society, and in a large number of the County Societies in this State. Indeed, there has not been a more universal topic of discussion in the profession of this State, during the last five years, than the proposition to abandon wholly the appointment of County Censors.

Many other equally inexcusable errors might be pointed out in the address before us; but I have neither time nor space at present. I must, however, give a passing notice to the learned Professor's criticism on my "*orthography*." He quotes a sentence or two from a letter of mine to show that the common words *notice*, *unanimously* and *annual*, were spelled wrong; and at the same time he quotes the signature to the letter thus, "J. N. Davis." Now we seriously doubt whether the man who cannot tell the capitals N. S. from J. N., can tell a small *s* from a *c*, or a *y* from an *i*. At least I will offset my *orthography* against the learned Professor's *geography*; for on page 7th he says "the project, &c., originated with a *young* man, in the *Township* of *Binghampton*." It so happens, however, that there is *no* such *Township* in the State of New York. There is a village of *Bingham'on*, not Binghampton, situated in the Township of Chenango and County of Broome.

But I have said that the "defence" *slanders* the medical profession of the author's own State. On page 20th is found the following paragraph, among others no less modest and refined. "Nor would I invite an investigation of this nature, . . . . . were those members of the State Medical Society, who annually convene at Albany, and do the *mining* operations, more than a *bare handful* of the '*outs*,' and were they not so erroneously supposed to represent the voice of the profession." And such choice epithets as "traducers," "maligners," "wire-pullers," "miners," "outs," &c., are found freely applied to our State Society and its members throughout the "*defence*." Now, when we look over

the published Transactions of the New York State Medical Society, and there learn *who* have *annually* sacrificed their time and money to assemble at Albany, and who have been and still are its most active and efficient members, the profession both at home and abroad will be able to properly appreciate the *defensive* labors of Prof. Paine. The meeting of the Society last preceding the appearance of Prof. Paine's address, was composed of five professors in medical colleges, seven permanent members, and twenty-seven delegates from as many County Societies distributed over the whole State from Erie to New York, and from Jefferson to Broome. Among these are found the names of T. R. Beck, Willard Parker, McNaughton, Blatchford, Wing, Wendell, McCall, Webster, McClellan, and many others that would suffer nothing by a comparison even with that of the renowned author of "*My Medical and Physiological Commentaries*." Such are a few of the men who, according to Prof. Paine, "*annually convene at Albany and do the mining operations.*"

But the New York State Medical Society needs neither defence or eulogy beyond that afforded by its own doings. Indeed, Prof. Paine might have spared himself the use of many of his *classical* terms, had he taken the trouble to inform himself of the doings of the Society of which he speaks with so much freedom. He would have found among its *Transactions* as valuable contributions to medical science, and as *truthful defences* of our time-honored profession, as ever came from his own pen. If such a profusion of vulgar and opprobrious epithets applied to his own professional brethren were necessary to Prof. Paine's "*Defence of the Medical Profession of the United States*," we say in all candor "*save us from such defenders.*"

Those portions of the address to which we have not already alluded, are chiefly occupied in fulsome and sickening eulogies on the class he is addressing; in frequent allusions to what the great *defender* has previously done; and in showing what no one on this side of the Atlantic disputes, viz., that American practitioners, as a class, are, in practical energy and skill, far ahead of their European brethren. Whether the tone and temper of the address is either becoming the dignity of its author, or calculated to benefit medical science, I shall leave each member of the profession to judge for himself. Concerning the unsoundness of its doctrines, I shall make room but for one quotation; and that from the last page, as follows:—"And, finally, gentlemen, when you have reached the hall of refreshment, and your weariness, after my long discourse, shall have subsided into the merriment of *song*, let a *glass* be devoted to your Alma Mater, and a *voice* go forth that shall strike dismay into every heart that meditates her wrong." And is it possible that in this forty-sixth year of the nineteenth century, there is to be found a learned occupant of one "of the one hundred and eighty professorial chairs of this country," who not only sanctions but directly recommends to the young men under his care the merry *song*, the intoxicating *glass*, and the *voice* of revelry? Are such the weapons to be used for the *defence* of the University of New York? If

so, let the philanthropist blush, and the lover of his profession hang his head. When I first read the paragraph quoted, I rubbed my eyes, and verily thought they had deceived me; for my mind quickly turned back to the day when I bid adieu to my own Alma Mater; and the noble sentiments to which I listened in that last valedictory, came crowding on my memory. However, I hope no one "meditates wrong" to the University; I certainly do not. But I can assure Professor Paine that my ear has too often been pained by the sound of bacchanalian revelry, and I have too long fought the monster *tyrant* that lurks in the "glass," to be "dismayed" by either the one or the other.

And now, in conclusion, let me ask why it is that the name of that "young man in the *Township* of Bingham-p-ton," has been made the standing *text* for introductory and valedictory addresses, in certain quarters? Have I assailed the medical colleges? Can a single opprobrious epithet applied to any one, or all of them, be found in all that I have said or written? Certainly not. It is true that I, together with many others, have thought our present system of medical education defective; and that some measures of reform might be adopted with great benefit to the profession and to mankind. Of these defects, and the principles on which reforms should be based, I have spoken and written freely and boldly, as every American citizen has a right to do. That in doing this I have in one or two instances used a too sweeping phraseology, is undoubtedly true. But so far from having commenced a "crusade against the medical colleges," I have laid the foundation and source of the principal evils in another and entirely different quarter, and have ever contended that what evils are connected with the colleges, are the result of defects in the system, and not of intentional delinquency on the part of those who so ably fill the various professorial chairs. All this is abundantly shown by a single quotation made by Prof. Paine himself. Again, if I had commenced a "crusade against the colleges," does any one suppose me so great a *fool*, that I would have moved the call for a *National Convention* in such *terms*, that if the said call was responded to, these same colleges would almost necessarily hold a preponderating influence in said convention. This would have been calling on the colleges to carry on a "crusade" against themselves. No; I cast the charge back on those with whom it originated. I have advocated the principles and views which I have, merely because I deemed them of importance to the future well-being of my profession; and I asked for a National Convention, because I had full faith in the maxim that "*Truth*, when left free to combat error, is mighty and will prevail." If, in any or all things, I have erred, in candor let that error be shown, and it shall be cheerfully abandoned. But until then, neither criticism, nor orthography, nor opprobrious epithets, nor misrepresentations, nor even the stentorian "*voice*" produced by draining a "*glass*" to the Alma Mater, will deter me from pursuing my course onward—right on.

Binghamton, N. Y., Nov. 21st, 1846.

N. S. DAVIS.



## ETHEREAL VAPOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have read with much interest the report signed by twelve of the regular dentists of our city, on the subject of the use of vapor of ether to prevent the consciousness of pain in surgical and dentistical operations. This report was presented when the public were earnestly seeking for information on the subject, and at a time, as it seems to me, when the evils which have occurred, and the ignorant use or abuse of the discovery to which it relates, rendered a fair exposition of the matter highly desirable and necessary. It awards the discovery to Dr. C. T. Jackson, sets forth its promising advantages in general surgery, but shows that its *common* or *frequent* use in dentistry will be unwarrantable on account of the deleterious effects which have already followed its application; such as in the cases there detailed. The first case—"a young lady—much agitated before taking the gas at Mr. Morton's; pulse 130—after taking it, fell to 70; eyes injected; frothing at mouth; general appearance like one going into a state of epilepsy. For some time much confused—several hours after, said that when the tooth was coming out, felt as if she was having a horrid dream." Second case:—"a young man, appeared to have much suffering, throwing his body almost from the chair. Pulse rose to 150 while inhaling; eyes injected; respiration laboring." Third case:—"Miss D. took the ether and had a tooth out without pain. Left Mr. M.'s room about 12 o'clock; at 1 o'clock, after she got home, was taken delirious. This lasted all night; next morning raised blood from lungs—about a pint; was suffering in consequence of the operation three days after." Fourth case:—"Miss R. was strangely excited, but had a tooth out and felt no pain. Was taken delirious soon after she left Mr. M.'s room, in a shop, had to be carried home, and remained in that state for three days, in great restlessness, and friends afraid to leave her alone."

These cases I do not quote exactly and fully, but only the prominent symptoms. I daily hear of others equally serious. A young man, clerk in a store in Hanover street, returned to the store a few days since, after being absent some two or three hours, rushed violently in from the street and across the store, then out again and returning, till he at last fell senseless on the floor. When roused sufficiently, he said he had taken the ether at Mr. M.'s, and had a tooth out; did not know where he had been since, nor how he had reached the store, having been, as it appears, perfectly delirious. Was confined to the house all the day following, and the ill effects lasted several days. A young woman, aged 18 years, took the ether in Salem, from a dentist who bought the *patented privilege*. She had a tooth extracted without pain, and was delighted with the operation. A week after, repeated the experiment at the same place; inhaled the vapor, but when the operation was commenced, consciousness was so restored that she had great pain from the drawing of the tooth; her head immediately felt confused and painful. She did not know how or when she returned home—whether alone or with some one to guide. She was much agitated, weeping and sighing, and did not re-

cover from the effects in all the next day. Similar cases are daily coming to my knowledge, and the hazard attending the inhalation of ethereal vapor is such that no one should be exposed to it without being warned of the danger of incurring a greater evil in the attempt to avoid a less.

This report goes on to say—"We feel, therefore, that this whole matter, be it of greater or less value in surgical practice, should be in the hands of those only who have testimonials from some one of our medical colleges, that they are worthy of being entrusted, as medical attendants, with the health and life of their fellow beings." It suggests, also, "that as is done in similar cases by learned societies in Europe, the whole subject be given to a competent committee, appointed by the Massachusetts Medical Society or the Boston Association of Physicians and Surgeons, to investigate and report thereon. It is moreover stated in the report, on the authority of competent legal judges, that there is nothing patentable in the whole affair. The important discovery—the new thought—of Dr. Jackson, was that of bringing the well-known medical effects of vapor of ether and the surgeon's knife into close combination for the prevention of human suffering. A valuable thought it may prove to be indeed, which the report seems duly to encourage and appreciate.

This is but a passing glance at the most prominent points in the report. Those who would know more of its details, are referred to the Boston Daily Advertiser of Saturday, the 12th inst., the Courier of the 16th inst., and the other papers of a later date. The subject is one on which the people should be correctly informed; for however much of good shall attend the use of the ether in important and painful cases of surgery, it is fraught with too much of danger to be given on all trivial occasions. The well-informed and honest dentist will use it but seldom. The whole report deserves to be kept before the public in some of our journals, till all whom it concerns shall have opportunity to read it.

December 31, 1846.

A PHYSICIAN.

# "IMPURE HOMŒOPATHY."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In No. 21 of your valuable Journal you treated your readers with a slice from the Journal of Homœopathy, of New York, in relation to an article of Nov. 11th, entitled "Homœopathy in Europe." Said article, it seems, offered a grand opportunity to the editors of the New York Homœopathic Journal to attack their eye-sore, the so-called "impure" homœopathy." Will the editors please let us know what "pure homœopathy is. Every physician of *sense* knows that there are cases where bleeding, emetics, cathartics, revulsive and antipathic measures are the "*judicatio proxima*." To make use of them in such cases at least, is rational and scientific. The editors either know but little about the literature of homœopathy, especially about the rational "impure" school, which is by-the-by very rich, or are pledged to remain in *statu quo Hahnemanni*. The new school of homœopathy is a progressive school,

which uses its own judgment, follows the dictates of reason and experience; and as the catechism of the "pure homœopathy, the Organon," cannot stand those merciless investigators, it must fall with its absurdities and hypotheses, and leave the foundation clear and clean for a new and stronger edifice. To see men, like Griepelich, Schron, Trinks, Werber, Arnold, and a host of other physicians of the highest literary attainments in Germany, and of an eminence which any attempt to reach would cause the bursting of the bumps of self-esteem of the New York editors, termed "ignorants, hypocrites, mongrels," is too ridiculous and contemptible to take notice of. I readily believe, with the editors, that none of the "eminent physicians" of Germany were present at the homœopathic congress at Leipzig, as the annual meetings on that day are considered a feeble attempt to uphold Hahnemannism, from which the "eminent physicians" of Germany have long detached themselves, being all "very, very impure." I hope those who were present will pass a vote of thanks to the editors of the New York Journal of Homœopathy for the compliment received. JOS. B., AN "IMPURE" HOMŒOPATHIST,  
*December, 1846. but used to be as pure as crystal.*

#### DR. BEDFORD'S INTRODUCTORY LECTURE.\*

[Communicated for the Boston Med. and Surg. Journal.]

THE commonness of introductory lectures, and the frequency of their publication at the instance of grateful pupils in our medical schools, precludes the practicability of their being separately subjected to review, or even critical notice, in our professional journals; although many of them are annually published which are highly meritorious. But we occasionally find in these ephemeral publications matter of grave public interest, and, as in this instance, illustrative facts of great practical value.

Dr. Bedford's chosen subject in this Introductory is the intricacy of those diseases which are peculiar to females; and selecting a few of the more prominent of these, he has sought therefrom to indoctrinate his pupils into a just estimate of the importance of discrimination in their diagnosis, as preliminary to discreet or successful treatment. The blunders of that class of the profession, significantly denominated "symptom doctors," and the source of the fallacies of which they are the dupes, while their patients are the victims, are skilfully portrayed; while sound pathological knowledge in rational science is exhibited as the only and all-sufficient remedy.

Another point here elaborated, and one no less important because lying at the basis of all obstetric science, and pre-eminently valuable in the discrimination and treatment of the diseases of the sex, is that of the due recognition of the reproductive function as the *centrum mobile* of all that chain of vital sympathies, which characterize the female constitution.

\* Lecture, Introductory to a Course on Obstetrics and the Diseases of Women and Children, delivered October 30th, 1846. by Gunning S. Bedford, M.D., Professor in the University of New York.



For, as is here made apparent, multiplied forms of disease, in proximate and even in remote structures and tissues of the system, are either originated by, or complicated with, a pathological condition of the uterus. So that in morbid states, whether organic or functional, occurring in females, this organ will be found primarily to be the source of the mischief, or secondarily participating in its results and modifying the symptoms, a consideration which is all important for enlightened medication.

A most salutary caution is here given, and practically enforced by very happy illustration, against the careless and off-hand mode of prescribing for disease, too common among a large class of practitioners, without due inquiry and patient investigation into the true pathological state. The liability to be misled, especially in discriminating the diseases of females; and the reasons for such liability, growing out of the partial and inaccurate descriptions to which the natural modesty of the sex so often prompt them, concealing even their acute sufferings, lest the disclosure should wound their characteristic delicacy, are dwelt upon with proper feeling and force. And it is thence taught with great propriety, that the most careful scrutiny into the etiology of every such case of disease is demanded, if we would sustain the honor of the profession, or merit the confidence of our patients.

Upon the subject of *fluor albus*, so called, and *prolapsus uteri*, there will be found in this lecture numerous hints of great practical value, while the criticisms upon the prevalent and popular fallacies of the day, in regard to this class of maladies, are in keeping with the teachings of modern science. The rebuke here administered to the fashionable quackery, which diagnosticates prolapsus everywhere, and prates of uterine "dislocations" even in unmarried and young females, subjecting such to manipulations as unprofessional as unwarrantable, is not more severe, than it is well merited. In denominating such empirics, either knaves or monomaniacs, he leaves the latter horn of the dilemma for the few, if such there be, who can escape the former allegation of knavery. One thing is certain, if any of them claim to be mad, there is "method in their madness" in the methodical exaction of their fees.

In the following narrative the lecturer describes a case of stricture in the female urethra, a very rare disease, and which had been treated *secundum artem* as a prolapsus uteri.

"During the last winter, I was requested to visit professionally a married lady from the State of New Jersey. The history of her case was simple, and to the following effect:—In June, 1842, she experienced uneasiness in the region of the womb, and slight pain in passing water. There was more or less discharge of mucus from the vagina, and sexual intercourse occasioned at times great distress. These were the incipient and only symptoms of her malady. A physician was consulted, and immediately pronounced the disease to be *falling of the womb*. Pessaries were introduced—abdominal supporters were applied, but without affording any relief to the suffering patient; whilst, on the contrary, the pessaries tended to aggravate the pain by the pressure they exerted on the seat of disease. Another practitioner was consulted, and reiterated the

opinion already advanced. Having continued under his care for more than ten months, without deriving the slightest benefit, and experiencing a positive increase in her sufferings—the pain and difficulty in passing water becoming more aggravated—she resolved to visit the city of New York in search of professional advice. She arrived here in December last, and I was requested to see her. On hearing the history of the case, I frankly told her that I did not believe she had *falling of the womb*, for the simple reason that her symptoms were not characteristic of any such ailment. I proposed an examination, which was cheerfully consented to, as the lady was most solicitous to obtain relief. The uterus I found in a perfectly healthy condition and in its natural position. In passing my finger along the *urethra*, the patient experienced a sensation of pain, and this circumstance, together with the difficulty of which she complained in passing water, attracted my attention especially to this point. I could detect no disease in the uterus or vagina; in attempting to introduce an ordinary female catheter into the *urethra* I was completely foiled; and, on minutely examining the condition of this passage, I discovered that the lady's sufferings were entirely due to a *stricture of the urethra*. *Stricture of the female urethra* I had never seen previously to this occasion; and, as far as my knowledge extends, no case of the kind had ever occurred in this country; at least, no record has been made of it. Velpeau, in his great work, cites but three cases of *stricture of the female urethra*, and remarks that its occurrence is extremely rare. In the course of three months I succeeded in removing the stricture, and the lady returned to her home entirely restored to health. It is proper for me to observe that Drs. Detmold and Satchwell visited this patient with me on two occasions, and heard from her own lips the statement which she made of what had occurred previously to my seeing her."

In addition to this, we find still another case related, illustrating the same blunder, an ulcer in the *urethra*, mistreated for prolapsus, which, as it might serve to protect the profession from the common error of precipitate diagnosis and hap-hazard practice, would be worth recording here, if our limits would permit.

After a just and indignant remonstrance upon the popular errors in physical education, and the violation of the laws of health and life of which young females are the victims, by the misjudged training of fashionable society, and an apt exposition of the physical and moral mischief thus entailed upon the sex by parental indiscretion, the lecturer proceeds by glancing at the responsibilities in this department of the profession especially. And here we find the history of one of a thousand instances, in which that vilest of all impostors, mesmerism, is shown in its true character. The case is too truthful and important to be omitted, and might well be repeated through the public press.

"Some time since, a lady of great intelligence from one of our western cities visited New York for the purpose of seeking professional advice. Soon after her arrival in this city I was requested to see her; and, after listening to the history of her case, I became satisfied that she labored under a formidable disease of the womb. Without, however, expressing any

opinion, I left her with the promise that I would see her on the following day, and then give her my views of her case. Accordingly, after a careful examination, I discovered that this lady was affected with *ulcerative carcinoma*; and being strenuously urged, both by herself and friends, not to disguise my opinion, but to state unequivocally whether there was any hope of recovery, I frankly remarked that her disease was beyond permanent relief; and all that could be done would be to palliate her sufferings. This opinion was received with extraordinary firmness by the patient; and, as I thought, with some degree of doubt both by herself and friends. After continuing my visits for a week, it was very evident, from certain manifestations, that some influence had been at work to destroy confidence in my judgment; and the patient expressed with great kindness, yet with decision, her strong belief that I was in error in reference to her disease. Under these circumstances, the course for me to pursue was a very obvious one; and I, therefore, suggested that other counsel should be taken, in order that the opinion I had given might be confirmed or set aside. My colleague, Dr. Mott, was requested to see the case with me—and his examination corroborated in every particular the opinion previously expressed. I continued to visit this unfortunate lady, and do all in my power to assuage her anguish; her sufferings were most severe, but she bore them with the fortitude and resignation of a Christian. Her mind had become satisfied with the opinions that had been given; and believing that there was no earthly hope, she was reconciled to die. Just at this time, a kind friend put into her hands a pamphlet recounting “wonderful cases of cure of all sorts of maladies by Mesmerism.” This poor creature, weighed down by suffering, her form attenuated to a skeleton, her mind enfeebled, and her reason rendered infirm by protracted and agonizing disease—unable, of course, to form a competent judgment on any subject, placed the fullest faith in the statements set forth in the pamphlet; and, at her earnest solicitation, the mesmerizer was sent for. After the first act of his jugglery, he informed her that the doctors were altogether deceived as to her disease—she had no cancer, but labored simply, as he termed it, under a ‘*concatenation of visceral deficiency*’!! This ‘concatenation of visceral deficiency,’ he pledged himself promptly to remove, and restore her to perfect health. The friends of the sufferer, passing as she was rapidly to the grave, although they had no confidence in the declarations of the heartless impostor, could not resist the fervent appeals of the dying woman; and he was, therefore, permitted to practise his unholy tricks. Day after day he continued his mesmeric operations, promising with renewed emphasis a speedy recovery. One morning, however, on arriving at the house, and proceeding to the room of his victim, he was accosted by the nurse, who informed him that the patient had expired the night before! Unmoved by this disclosure, and with perfect indifference, lost as he was to every feeling of humanity, he left the house without a word of comment, satisfied in his own mind that he had obtained the object for which he had consented to desecrate his character—the wages of his wretched deception. The God of truth and justice will assuredly deny mercy to a



man who could thus wantonly revel over the credulity of a dying and suffering woman" !

The lecture concludes with sage counsels to the young men who are entering upon the cultivation of the profession, so full of critical emergencies and fearful responsibilities ; judiciously admonishing them against being content with superficial attainments in view of the profound and thorough qualifications which can alone fit them for their chosen calling, or enable them to honor their Alma Mater by giving evidence that they have profited by the instructions of the University, whose alumni alone are to be the representatives of the ability and success of its Faculty.

### HYDROPATHY.

[Communicated for the Boston Medical and Surgical Journal.]

A REPUBLICATION from the British and Foreign Medical Review, entitled "The Water Cure, or Hydropathy, by John Forbes, M.D., F.R.S.," the article being editorial, has lately been sent forth by Lindsay & Blakiston, Philadelphia. Dr. Forbes is of late earnestly seeking the reputation of a *liberal* in his profession, and jeopard's his character for medical orthodoxy by the widest latitudinarianism. Protesting his firm adhesion to rational science, and sternly vindicating the paramount claims of scholastic medicine, he nevertheless seeks to augment our ancient stock of knowledge, by superadding, under the title of "Young Physic," whatever of novelty he fancies to discover in modern forms of transcendentalism.

In his well-meant efforts at liberalism, by blowing hot and cold with the same breath, he shares the fate of the satyr ; and indeed is as unsuccessful as was the senior in the fable of "the man, the boy and the ass." In his former publication, in his anxiety to find a few grains of wheat in the bushel of chaff which Hahnemann has bequeathed to his disciples, he was betrayed into so sad departures from the principles of rational medicine, that he had to make haste with his apologetory retraction to place himself *rectus in curia*, by a labored effort to define his position. And in this somewhat similar article, he so far commits himself to this school of exclusives, by endorsing the marvels of the disciples of Priessnitz, that despite of the lesson taught him in his brief experience in time-serving, he has justly entitled himself to another disclaimer, which will doubtless soon be forthcoming.

It is ever thus in science, as in religion, when men suffer themselves to be "driven about by every wind of doctrine," or, which is the same thing for their reputation for consistency, attempt to "serve two masters," or, on great questions of antagonist theories and rival parties, strive to keep fair weather with both sides. It is to resemble the sailor who prayed in a storm, first to his Maker, and then to the devil, assigning as a reason that he knew not whose hands he might fall into, and hence sought peace with both.

As of homœopathy, so of hydropathy, if either be true, or have any claims whatever as a system of theory or practice in the healing art, then

it follows, *quod erat demonstrandum*, that the entire fabric of rational medicine is a tissue of fallacy, and all the remedies which have been derived therefrom are worse than worthless, because positively mischievous and destructive, their extraordinary cures having been only extraordinary escapes, though multiplied for centuries in myriads of cases, and daily repeated all over the civilized world. For, let it be remembered, that both systems harmonize in launching anathemas at every active remedial agent in the materia medica, without exception, and while one actually reprobates all drugs, the other virtually does so by infinitesimal dilutions. Both systems alike concur in repudiating "all the learned lumber of the schools," and claim, the one for medicated *sugar of milk*, and the other for simple *water*, all the preventive and curative power which has ever been conferred upon mortals, in resisting the approach of disease and death.

In this work Dr. Forbes commits the capital error of conceding to hydrophathy the discovery of the uses and capabilities of water as a remedial agent. He never reminds the sect that even in their *exclusive* employment of the water cure they have been anticipated a thousand years by a sect of physicians whose name as well as practice they have only resuscitated, not invented. Nor does he once enlighten them touching the long catalogue of worthies in the ancient as well as modern records of the profession, who have tested both the uses and capabilities of water both for prevention and cure. In the writings of Hippocrates, Celsus, Boerhaave, and even in Sydenham and Currie, Dr. Forbes ought to know that the value of water, cold and hot, within and without, as an auxiliary in the treatment of disease, is dwelt upon with argument and illustrated by examples, so that all which he yields to hydrophathy belongs to rational medicine. Whatever is true in the system is not new; whatever is new in the system is not true. Its exclusiveness, and indiscriminate application, is the only novelty claimed by the sect, and yet even this belongs not to them, but to the hydrosudopathists of by-gone centuries; and this, too, Dr. Forbes condemns, by pleading for the use of the lancet and drugs, and only allowing the water cure to be an humble auxiliary to more active treatment, the precise rank it has held from time immemorial.

But yet this article of Dr. Forbes will be seized upon with avidity by the whole tribe of hydrophathists as "confirmation strong as holy writ" that the water cure is the all-sufficient substitute for all the resources of the healing art. The qualifications and draw-backs with which this flattering notice abounds, will be ascribed to his prejudices of education, and forgiven on the plea that "it is hard to teach an old dog new tricks." But praise from such a source, despite of his preconceived and conceded prejudices, will be regarded as constrained homage, extorted by the merits of hydrophathy. Such is the "bad eminence" to which Dr. Forbes has attained, and his fate should be a beacon to all trimmers and borderers in our profession.

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December, 1846.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 BOSTON, JANUARY 6, 1847.
 

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*Tenements of the Poor.*—Not long since, a large public meeting was held in this city, to devise ways and means for providing the poor people of this crowded metropolis with better and cheaper tenements than they now have. We know not with whom the idea originated of aiding this class of citizens in this particular manner :—whoever it was, we honor his humanity, and sincerely hope that some great effort will be forthwith made to ameliorate the condition of cellar and garret occupants. One lamentable mistake was manifest at the meeting, viz. obliging the assembly to listen to an almost interminably long report. The thread of statistical poverty was spun too fine and too long for the patience of a popular assembly, however necessary minute details may be in a pamphlet, to impress the public with the urgency of the case. If gentlemen had been allowed to express themselves freely on the evils of wedging thirty families into one house, a vastly larger sea of benevolence would have been agitated on the occasion. However, in the multitude of labors that devolve upon a Christian community, having reference to promoting intelligence, religious accountability, cleanliness, health and happiness, some blunders will occur in the mode of doing things ; but instead of wasting breath about these or any other defects, we much prefer to draw from the printed report some of the astounding statements relating to the habitations of the poor in the city of Boston.

*1st*, The present population of the first section, says the report, is nearly as dense as that of the central parts of London. *2d*, The number of individuals *to the house*, throughout the whole city, is greater than in the principal commercial and manufacturing towns of England. *3d*, The distribution of the population is shockingly unequal, producing crowds in certain sections, rarely surpassed. *4th*, The proportion of deaths among infants has been steadily increasing, and the average duration of life decreasing. *5th*, Infant mortality is vastly greater among Catholics, than in the whole population, and the average duration of life with them less. *6th*, The average of life in Boston is less than in London or Ireland. *7th*, The average duration of life among the Catholics of Boston, is less than that of operatives and laborers in the great cities of England.

These statements are gleaned from a document drawn up with great care, and it is enough to excite the attention of philanthropists. To what is this blighting mortality of infantile life to be attributed ? The report declares that the bad—the miserably filthy, unventilated, dark, pig-stye houses of the poor, up the narrow lanes, under low brick arches, and under-ground places which they occupy, is the true cause of this sad waste of human beings. And the report is right,—for we can bear testimony to the truth of all its declarations, from years of observation. One curious fact more might have been added, viz. that some of the poor seem to prefer these abominable holes to better places. They would not be clean if they could. Here is a difficulty to be overcome when the new and



cheap tenements are provided, which were constructed, theoretically, with perfect convenience, by the committee,—and that is, to devise a way of keeping them clean, while in the occupancy of such dirt-loving tenants! Sickness, protracted diseases and death creep into these over-stocked houses, which would be depots of physical misery were they located in the centre of the Common. But how are tenants to be coaxed out,—or what landlord will refuse to let them, while they yield a better income than the palaces on Beacon street? The Committee treat the subject with a degree of feeling that commands our respect; and since the loss of life, to an alarming extent, is the lever by which the rich are to be moved to view the wretchedness of the poor when their humble dwellings are overfull, we most heartily pray that something may be done at once to better their domestic state.

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*Salivation produced by Gold Plates.*—A sensible paper in the New York Dental Mirror on the salivation that is produced by wearing gold plates for sustaining artificial teeth, is worthy of extensive circulation. That an effect of this kind is induced in some persons, is beyond question, and the state of health has been seriously affected, without the cause being understood or even suspected. “The salivation produced by gold mountings for artificial teeth, is not mercurial, but is what we call galvanic salivation. This galvanic influence is undoubtedly produced by the action of a vitiated saliva upon the gold plate and solder which compose the mountings.” Within our own circle of acquaintance we know of a case where the salivation has at times been a serious inconvenience, accompanied by nausea, and not unfrequently, active vomiting. The individual frequently witnesses vivid flashes of light at the breakfast table, if the steel knife blade or a steel fork happens to strike against the new teeth. Dentists must look carefully into this matter, since it can be obviated very readily, by simply covering the seams of solder with gold, so that the saliva cannot come in contact with the inferior metal.

The Dental Mirror is a scientific, unpretending, yet deserving journal, edited by J. S. Ware, M. D. of the city of New York.

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*President Everett's Address.*—At the time the new Medical College in Grove street, in this city, was dedicated, the President of the University made an address, which was much admired for its elevated sentiments and elegance of expression. In short, like every thing from President Everett, it was a sterling production. It has since been given to the public in a pamphlet, and therefore is accessible to all the admirers of that very finished scholar.

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*Dr. Hayward's Introductory Lecture.*—On the interesting occasion of opening the new Medical College, Dr. Hayward gave a lecture, introductory to the first course of medical lectures in the fine structure just completed. The Professor of the Principles of Surgery and Clinical Surgery, has been so long and familiarly known to the medical profession, that it is not necessary to offer any observations upon his lectures or writings, with a view to calling the attention of readers. He is always sound, scientific and specific in his teachings. A committee of the class were permitted to publish this discourse in a pamphlet, which in a manner forbids us from

copying such parts as might be received with gratification by persons whom the pamphlet will never reach, as we might be accused thereby of trenching upon ground exclusively belonging to the Committee.

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*Reciprocal Obligations—Dr. Harrison's Address.*—On the 2d of November, Dr. Harrison, a distinguished teacher in the Medical College of Ohio, addressed the students on the reciprocal obligations of the medical profession and society. His address, now published, is a creditable performance, and appropriate to the occasion. Hear this important truth:—"The medical profession cannot maintain its true relative position in society, unless physicians are men of education. The vulgarizing effect of deficient scholastic literature has already been felt. Special efforts should be made by every young man in the profession, whose primary education has been neglected, to repair his deficiencies by a sedulous addictedness of his powers to the acquisition of, at least, the elements of a good English education. The relation of the medical practitioner to society, imposes on him the obligation of a refinement of manners and purity of morals equal to the most polished exhibitions of character found in the best circles of social life. Whilst amenity should characterize his deportment, a scrupulous adherence to the rules of the most rigid code of ethics should be manifested by him in all his dealings with his fellow men."

Dr. Harrison next points out the duty of citizens generally, in their remuneration of self-sacrificing, devoted physicians, as a major part of them are; but it would be a useless expenditure of types, to copy from this part of his address, inasmuch as that portion of the people who neglect to pay their medical bills promptly, do not see the Journal. In any light in which Dr. Harrison's views may be examined, he stands out prominently a staunch moralist, and an apt instructor, and he must, we conceive, be a useful, happy man.

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*Progress of Phrenology.*—Notwithstanding an almost universal apathy in this country upon a subject that within a few years occupied the thoughts of all the philosophers, and multitudes who thought themselves such, it seems to be germinating in new regions, where it may grow and flourish with more vigor than it ever did in places where it was planted personally by Gall and Spurzheim. At Buenos Ayres there is represented to be a phrenological professorship in the college of that city, connected with which is a fine collection of phrenological specimens. Mr. Geo. Combe, the only living European apostle of distinguished attainments in phrenology, who lectured in Boston, New York, Philadelphia, &c., has translated most of his works into German and French, and is now putting them into the Spanish and Italian languages, says Mr. Fowler's Journal. The sale of the Phrenological Almanac in 1846—a popular mode of disseminating the elements of the subject, a sort of sandwich for creating a reading appetite—exceeded 99,000, and it is presumed that 150,000 will be required to meet the demand in 1847. Mr. Fowler has entered upon the ninth volume of his American Journal of Phrenology, which is one of the most spirited, original periodicals in America. The heads of Melancthon and Tyndall, in No. 1 of the New Series, for January, accompanied as they are with analyses of their characters, deduced from craniological developments, are actually worth the price of a year's subscription.

*Payment of Medical Witnesses.*—It is gratifying to perceive that a reform has commenced in Europe in regard to the remuneration of physicians for services at courts of law. The following from the London Lancet exhibits instances which might sometimes be justly imitated in this country :—

“The assizes, which lately terminated generally through the country, afford the following good example reported in the Cork Constitution of August 4, 1846. ‘His lordship (Judge Jackson) said he had received a memorial from Dr. Barry, of Kanturk, on the subject of remuneration to medical witnesses for their attendance at assizes. In reply, he would say, that on the Leinster circuit, Baron Pennefather ordered a physician residing in the country two guineas a-day while in attendance at the assizes, and Mr. Serjeant Stock had made the same decision at Limerick. He, therefore, would direct that Dr. Barry should receive two guineas a-day.’ It is a new feature to have the public functionaries thus acknowledging that the services rendered by medical men to the crown should receive reasonable compensation; and I am happy to say that most, perhaps all, the medical men who were summoned to the late Cork assizes, on behalf of the crown, were treated with some measure of politeness and justice. One gentleman, who for many years had been summoned before the judges of assizes, and oftentimes had been detained from home for from ten to fourteen days, and who hitherto had never received more than five pounds for his attendance, on the last occasion, much to his amazement, was respectfully presented with twenty guineas.”

*Dr. Crain's Spino-Abdominal Supporter.*—Readers are referred to the advertisement of a new instrument by Dr. Crain, which will be more particularly noticed hereafter.

*Ossification of the Aortic Valves.*—Mr. Law exhibited the heart of an out-patient of the infirmary, who died very suddenly while waiting to be seen by the surgeon, in consequence of a severe injury to the shoulder-joint some weeks before. He had made no complaint indicating heart-disease, excepting occasional asthmatic attacks of a very slight character. The aortic opening was nearly closed up by a complete mass of bone, there being only a small cleft through which the blood could pass. On inquiry afterwards, it was found that he had occasionally suffered from fainting fits; but he never complained of them at the Infirmary.—*Sheffield Pathological Society.*

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TO CORRESPONDENTS.—Dr. Dixon's paper on Stricture of the Urethra has been received.

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DIED.—At Laporte, Indiana, Mr. Wm. Y. Standiford, a medical student of the University.—At Aiken, South Carolina, Dr. F. Wurdeman.—Dr. Tournay—residence not known. His body was recently found, having been drowned in the unfortunate steamer Atlantic.—At Varick, N. Y., Dr. John C. Goss—found murdered, the body being hidden in a hollow tree.

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*Report of Deaths in Boston*—for the week ending Jan. 2d. 44.—Males, 22—females, 22.—Stillborn, 4. Of consumption, 4—convulsions, 2—dropsy on the brain, 1—child-bed, 2—infantile, 6—typhus fever, 2—dropsy, 1—inflammation of the lungs, 5—inflammation of the bowels, 3—teething, 1—lung fever, 3—croup, 1—disease of the brain, 2—tumor, 2—diabetes, 2—intemperance, 2—disease of the heart, 2—old age, 1—cancer, 1—burns, 1.

Under 5 years, 17—between 5 and 20 years, 5—between 20 and 40 years, 9—between 40 and 60 years, 7—over 60 years, 6.



*Human Body converted to Chalk.*—In digging a well in Lowndes County, Geo., about one mile from Florida line, the workmen found a human body completely converted to chalk. Although somewhat mutilated, parts were identified and carefully examined by gentlemen on the spot. Several teeth still remain in the jaw;—there is the appearance of three having been extracted while the individual was living. The body was imbedded in stiff clay, thirty feet from the surface, in a flat country, heavily covered with pine timber,—there being no streams of water within ten miles. A notion is entertained that this was an antediluvian.

*Effects of Alcohol on the Animal Frame.*—When alcohol is introduced into the circulation, its elements combine with the oxygen of arterial blood; and the globules, becoming thereby deprived of this vivifying principle, no longer assume a florid red color. The animal becomes asphyxiated; and if the quantity of alcohol be large, it dies as speedily as if it had been plunged into an atmosphere deprived of oxygen. Carnivorous animals, as the dog, which has a large stomach compared with the rest of the alimentary canal, are very easily affected by alcohol, and may be destroyed by a moderate dose; for the liquid is rapidly absorbed, and is not carried beyond the duodenum. Herbivorous rodentia, as rabbits, are, in like manner, easily killed by small quantities of alcohol. Absorption takes place rapidly in the stomach, and alcohol is not found in the intestines. Granivorous birds, such as chickens, will bear comparatively larger doses of alcohol. The inner cavity of their stomachs is of limited extent, and the organ itself is formed of powerful muscles. When alcohol is injected, it is soon expelled from this cavity, and is found in the intestines; it is thence carried to the liver by the vena portæ, and only reaches the great mass of circulation slowly. Fish will live at a temperature of 41 degrees in water which contains one half-hundredth part of alcohol.—*Dublin Medical Press*, from the *Comptes Rendus*.

*Medical Miscellany.*—Dr. J. J. Osmer has arrived at Washington, from Peru, in the character of Minister Plenipotentiary, the first ever sent from that republic to this country.—A disease called the black fever prevails in Haverford, Penn., which has excited some alarm on account of its being thought infectious.—Mr. Fowler, of the Phrenological Journal, says Animal Magnetism is gaining converts rapidly all over Europe. The Mesmeric fever has developed itself at Bombay, in India. Here, in New England, the mania is subsiding,—so that some who were stark mad with their one idea, begin to converse quite rationally on common topics.—Dr. John C. Goss, of Varick, N. Y. was missing some days, causing great anxiety in the community, and was subsequently found murdered.—The erection of a State Lunatic Hospital is proposed in Missouri.—Dr. Silas Holmes, of Bristol, R. I. goes out surgeon of the U. S. Ship Ohio.—Dr. Mc Manus, of St. Genevieve, Mo., has been fighting a duel, and was badly wounded by his antagonist.—Dysentery of a very fatal character is prevailing to a great extent in Mechlin and its neighborhood. It is reported, that in the village of Lippeloo, with a population of only 500 persons, there have been no less than 109 deaths, more than one-fifth having thus been cut off by the disease.

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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## CONTINUATION OF THE REPORT OF M. VELPEAU, SURGEON TO THE HOSPITAL LA CHARITE, PARIS.

By F. Willis Fisher, M.D.

[Communicated for the Boston Med. and Surg. Journal.—See p. 341.]

### DISEASES OF THE GENITO-URINARY ORGANS OF MAN. HYDROCELES.

#### ORCHITES. STRICTURES OF THE URETHRA. FISTULAS, &c.

THERE have been twenty cases of hydrocele, twenty-four of orchitis, nine of stricture, four of urinary fistula, two of calculus, two of cystitis, and four cases of different diseases of the genital organs. The hydroceles ought to be divided into two classes—the ordinary and the anormal—among which we do not class the hydrocele of the cord. We include in the anormal those which appear very rapid with sanguineous effusion, and those which are complicated with diseases of the testicle. There have been two remarkable cases. A child had been operated upon for a congenital hydrocele, and the cure lasted a year, then the disease re-appeared. Velpeau has operated upon it by the iodine injection, the child is cured, and it remains to discover if the cure is radical. The other patient was operated upon, when he was seized with grave symptoms, and was transferred to the medical wards, where he died. This afforded a rare opportunity for examining the condition of the parts. This examination demonstrated the existence of that which happens after inflammations of the serous membranes, in pleurisy for example. There is nothing new to be said concerning hydrocele. We have often asserted our predilection for the iodine injection, on account of its easy employment, its innocuity—greater than that of other irritant injections—and of its success, at least as great as any other means, for the radical cure of hydrocele and certain kinds of encysted tumors.

*Orchitis.*—Of the twenty-four cases of orchitis, eighteen at least originated from a disease of the urethra; the cause of the six others is unknown. The acute orchites form two very distinct classes, which it is necessary not to confound, principally on account of the prognosis. One finds its origin in urethral lesions, the other from external violence. These two classes are generally admitted, but there is a third class intermediary to the two others, which all practitioners do not recognize. This variety arises neither after a blow nor after a disease of the urethra, but it appears after a violent effort. Generally, when a man presents himself to the surgeon with an orchitis, he is inclined to suspect the existence of a



gonorrhœa, and does not put confidence in the pretended efforts. Sometimes, however, no trace of urethral discharge is found, there has not been any direct violence exercised upon the testicle, the epididymis is large, sensible, irregular, the tumefaction extends to the neighboring parts, the symptoms only indicate a strain. Velpeau has endeavored to account for these circumstances; and some years since, examining the internal ring and the tissues concurring in its formation, recognized, as Thompson has advanced, that the recti muscles give off aponeurotic fibres which go to attach themselves to the internal face of the crest of the ilium. These fibres form the inferior half of the orifice, so that they pass beneath the spermatic cord; it follows from this disposition that the cord rides upon these fibres. Now if we suppose a strain, the muscle contracting itself, the fibres will stretch to adjust themselves, and if the effort is considerable the cord will necessarily be compressed. From this compression can orchitis result? The mind does not refuse to admit this consequence. Further, is it not possible, for example, that an irritation of the urethra may be the predisposing cause—and the effort by the mechanism just explained, the exciting cause of orchitis, in certain cases at least. Formerly, the idea of a metastasis was attached to the appearance of the swelling of the epididymis and testicle. It was thought, and some persons still believe, that the inflammation extends from the canal of the urethra to the testicle, and this quickly without continuity of tissue. To refute this manner of seeing, it suffices to examine the period at which orchitis ordinarily appears. If it was by metastasis that the inflammation attacked the testicle, it would naturally be at the time when the urethral phlegmasia was most violent. Every one knows perfectly, on the contrary, that orchitis occurs when the gonorrhœa is diminishing, when the patient is nearly cured. At the commencement of the disease inflammation of the testicle is very rare. There are some other differences between the two classes of orchitis. Orchitis arising from external causes may terminate in different ways, but it has a great tendency to terminate in suppuration, whilst gonorrhœal orchitis very rarely terminates in this manner. All things being equal, traumatic orchitis is more grave than urethral orchitis, for in producing suppuration this kind of phlegmasia destroys the testicle. Gonorrhœal orchitis, on the contrary, leaves after it only a little induration of the epididymis, and the functions of the organ are not impaired. Orchitis by violence may leave indurations, with some shreds of substance which may afterwards give rise to tumors of different kinds. In general, inflammations of the testicle happening after a strain are cured in very little time, or require much more time for resolution than any others. As for urethral orchitis, it must not be thought that its only cause is from gonorrhœa. It frequently happens from other lesions of the canal, calculus, disease of the prostate, tubercle. The orchitis which recognizes this last cause has a tendency to tuberculize the testicle. Ordinary orchitis is not grave. Its duration is generally from fifteen to twenty days. The different methods of treatment in use, are the anti-phlogistic, compression and punctures, with the lancet. One can employ the first of these means, one bloodletting, leeches upon the course of the



cord rather than upon the testicle. Compression has been resumed by M. Frike; it is a difficult method, and sometimes dangerous. The testicle is strangled in the superior ring formed by the bandages, and grave accidents may ensue. The punctures of the lancet that Velpeau employs are most inoffensive, and give the most prompt relief to the patient. If there is any liquid, it is evacuated without fear of any injury from this trifling operation, which certainly is much less difficult and dangerous than blood-letting. What is there to fear? There is not in this region any vessel capable of furnishing any troublesome hemorrhage. Is there danger of reaching the testicle? This is not very probable, and should it happen there would not result any great inconvenience. By the employment of these means the average duration of the patient's stay in the hospital has been seven and a half days. The strictures of the urethra will appear few, if we judge of their general frequency by the examples that are received at the hospital every year. There are two reasons which explain why the number is so small, notwithstanding the great number of these lesions. First, we do not wish to receive them all, because they are diseases of small interest. Among the poorer classes strictures of the urethra do not generally bring the patients to the hospital until they have arrived to an extreme degree, and when there is a complete impossibility of passing the urine. A third reason might be added to these, which will explain why the number of these diseases at the hospital is small in comparison with their frequency; it is because the canal of the urethra is invaded by a great number of empirics, who seize upon these patients as soon as possible, and very narrow though it be, it appears to be a very fine road to fortune.

The treatment of contractions of the urethra has always been a source of errors to which it is worth while to call attention. Among persons who devote themselves exclusively to the cure of these diseases, some commit these errors unwittingly, but unfortunately there are others who are not ignorant, and who manage to exact from the patients that which they desire. It follows from this that certain methods appear to have success, when, in reality, they have none. The patient leaves his physician, he urinates freely, then at the expiration of some months the disease re-appears, and thus with others. In fact there is nothing more easy than to dilate the urethra in stricture, but to keep it dilated is very difficult, if not impossible. Thus it is well to examine the real value of two methods—cauterization and scarification—and to appreciate their results by comparing them with those of dilatation. We may thus obtain a clear idea of these three methods. First, cauterization never succeeds alone; it is attended with success only when aided by dilatation. We perceive that if it acts upon the stricture by a loss of substance, it would be more dangerous than useful, for the contraction of the cicatrix would render the stricture still smaller. When one cauterizes, intending to destroy the tissues, Velpeau thinks he only modifies them. For example, when the nitrate of silver is carried into the canal of the urethra, it only causes a superficial erosion. If one examines the effect of an analogous cauterization of the skin, he does not find an eschar after such a touching, and

there is no reason to expect such in the canal of the urethra. We obtain, then, by cauterization thus employed, a simple light modification of the tissues, such as one sees in some diseases of the skin, in certain cases of lichen or eczema. If dilatation was not employed conjointly, what benefit would this cauterization produce upon the stricture? For this reason, Velpeau employs dilatation only. If the canal of the urethra is really cauterized, it is a bad operation, because there is a loss of substance and a more considerable stricture ensues. If we confine ourselves to lightly modify the tissues, we effect nothing, the dilatation acts alone. Why not, then, employ it alone? Besides, it must be remembered that the bougies introduced into the urethra produce a compression which acts against the inflammation of the tissues. Among the other means employed against stricture, must be ranked forced dilatation and scarifications. The practice of forcible dilatation is already abandoned; it consists in passing a very large sound through a small stricture. It is a singular idea; nevertheless, as at the bottom of the most paradoxical propositions there is some truth, so when these propositions emanate from a man of such talent as M. Mayer, it is probable that the author of this method must have met with some particular cases to which this method was applicable, and that he was too hasty in generalizing it. Thus in those cases where valves exist, it is possible that a forcible dilatation will obtain some success.

It has also been proposed to dilate the urethra with an instrument, which, entering in small size, is susceptible of being enlarged so as to rupture the stricture. Velpeau has his fears of these ruptures, though some surgeons are positive of their good effects. We know that an idea has been advanced that a wound by tearing in the interior was less dangerous, and there was less risk of unfavorable consequences, than from an incision made in the same place; it has been made a precept for certain operations, lithotomy for example. A great number of facts are necessary to prove to us the truth of this assertion, for it has always seemed to us that a regular incision was better than a tear; and since, whatever be the method employed, one always finds favorable cases, we require numerous examples before changing our opinion. The scarifications or incisions have been by turns too much extolled and depreciated. We do not think this method excels dilatation in ordinary strictures, but when the cicatrix is hard, inodular (ligamentous), it may be well employed. Of thirty strictures, only three or four have presented these conditions. To perform these incisions there are various instruments, the most ingenious of which are those of Civiale, Ricord, Reybard, &c. Although we have not the high opinion of this method that some of our confreres profess, yet these incisions appear to have proved that they are not as dangerous as one would suppose. The patients come to be operated upon and return home; the discharge of blood is small, and they can follow their usual occupations. M. Reybard proposes to make very large incisions, but M. Velpeau considers them dangerous. Some surgeons have had sufficient confidence in this method to submit their patients to it. To those surgeons who have not had occasion to see a great number of cases,



the success of a method in three, four, five or six patients, appears to claim a constant success. They are easily persuaded that a remedy which is ingenious, and which has succeeded several times, will never fail or be followed by accidents, because they have not yet observed any. Afterwards, there happens an unfortunate series of consequences, and the means which succeeded five or six times fail in an equal number. It is only by observing a great number of facts that one can appreciate the true value and real inconveniences of any surgical process. The partizans of scarification generalize the method, and believe it most advantageous; nevertheless, they associate dilatation with it.

For ourselves, if it is necessary to resume our opinion upon the real utility of each of these methods of which we have spoken, we will say, in ordinary strictures by inflammation, diffuse, representing a double cone—dilatation alone, or associated with cauterization if one wishes, but cauterization with the nitrate of silver and not with any other caustic. We reject all other caustics. In strictures very resistant, hard, fibrous—cutting scarifications. In strictures with thin bridges, valvular—the forcible dilatation of M. Mayer. This, in Velpeau's opinion, is the true method of treating urethral contractions. We lay aside the employment of medicated bougies, which have no effect upon these affections. The fistulas of the urethra presented no interest. There have been some diseases of the prostate; two patients have died from vast abscesses in these regions.

To be concluded in our next, by the consideration of the diseases of the genito-urinary organs of women, fistulas of the anus, operations, &c.

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#### USE OF THE LETHEON—SEVENTEEN TEETH EXTRACTED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—One of the most striking instances of the beneficial effects of the "letheon" occurred on Wednesday last, and as everything relating to this matter is now of general and peculiar interest, I notice the facts in the case for the benefit of those who may perhaps be feeling the necessity of, and yet shrinking from, a similar operation. It was the case of a highly respectable and intelligent lady, who had for years been dreading the approach of the moment, which nevertheless was seen to be not far off, when she would be obliged to have all her remaining teeth removed. When it was announced to her that this might be done without occasioning her a particle of suffering, it was rather hoped than believed; yet she resolved at once to try what virtue there was in the "letheon." Accordingly I met her at her residence, this morning, when I found six or eight friends assembled to see the operation, and among them two personal friends of the medical profession—both of them more than half sceptical as to the result. After the necessary preparations, I administered to her the vapor, and when I observed the indications of its influence upon her, I began the operation, and took out tooth after tooth, until nine had been extracted. During this part of the operation she sat quite still, making occasionally a slight exclamation as a tooth more firm than



the others was removed, and I was thus enabled to remove these nine in quite a short space of time. The patient was now allowed to recover her natural condition, and the first remark made by her, while yet only partially conscious, was one of regret that she had gone through all the necessary preparation and that not a single tooth had been taken out. When, however, she was entirely aroused, upon the assurance by one of the friends that she had already lost nine, she would scarcely credit the statement, nor did she fully realize it until after feeling in the mouth she had ascertained the fact for herself, when she made repeated exclamations of wonder and surprise at the result—declaring that she knew nothing of it whatever—that she had not had one particle of pain or inconvenience. After an interval of about half an hour, the “letheon” was again administered, when eight more teeth were extracted, making seventeen in all. After the effects of the vapor had entirely subsided, she remarked that it was exceedingly difficult to realize the fact—that this so long dreaded operation had been concluded without giving her any suffering; declaring that in neither the first nor in the second part of the operation had she the faintest conception of what was being done, and could scarcely restrain her exclamations of astonishment and thankfulness at what had taken place, assuring us again and again that she had felt nothing—absolutely nothing. The medical gentlemen, as well as all others present, were completely satisfied with the result of the operation, and could not but sympathize with the feeling of grateful wonder manifested by the patient. Yours, respectfully, HORACE KIMBALL, M.D.

522 Broadway, N. York, Dec. 30th, 1846.

### THE WATER CURE.

[Communicated for the Boston Medical and Surgical Journal.]

I FIND the following extract from your Journal in the October No. of the Phrenological Journal.

“He (Fowler) has admitted one communication on the subject (water cure), and afflicted the reader with the prospect of another on the same aquatic theme. Dr. Underhill may be a very honest practitioner of hydropathy, and take large fees for recommending wet sheets in summer complaints, without disturbing his organ of conscientiousness, for aught we know,” &c. &c.

I have not sat down to find fault with the above. Like all other men, in or out of the profession, all that I know I have learned, and if there are those (as I have too much reason to believe there are) who pretend to know what they have not learned, and assume to judge without having first examined, I pity rather than condemn them.

It is now nearly three years since any attention was attracted to this subject. It struck me, as did phrenology on its first presentation, favorably. I therefore resolved to examine and test it, and if possible ascertain its merits, if any. I have done so. Truth is my motto—no matter from whence it comes or who its discoverer. I am wedded to no

particular school, to no particular theory, doctrine or sect, either in medicine, natural or mental philosophy, unless true to nature. Relying upon these fundamental principles, I went into the examination of phrenology, magnetism, and the doctrine and philosophy of the water cure; and the result has been a conviction of their truth, and foundation in nature. Though humble as has been the origin of the water-cure practice, still for one I am satisfied that it is, ere long, destined to revolutionize the practice of the healing art. That it will entirely supersede medicine (or drugs) in the treatment of many diseases, I most "conscientiously" believe. Still in family practice some drugs will continue to be administered, water supplying the place of the most active and deleterious. In other words, water will be the great and reliable agent in controlling constitutional or general derangement and irritation, while drugs will only be *incidentally* used, as sub-agents to carry off the liberated congested matters from the capillary and secreting vessels and organs. If all disease is caused by impressions made upon the nervous centres or their nerves (as claimed by Drs. Billings, Johnson, and others), then I hold that an agent which can arouse to vigorous action those nerves, and transmit a like influence to their centres (brain, spinal cord or ganglions), must be an agent calculated to give renewed action and energy to all the secreting and excreting surfaces and organs of the whole system, and thus enable them to impel forward their obstructed contents (and supply their place with a healthier fluid), and restore to the engorged vessels their normal action and proper diameters. Such an agent I claim pure soft water to be, when properly administered internally, and applied externally. Over fever, water, when judiciously applied, may be said to have as nearly a specific control as it is possible for any agent to have, arresting the paroxysm (whether intermittent, remittent, or continued), in a short time, inducing full and free perspiration; and it accomplishes all this without prostrating the whole system or rasping or weakening the vital internal organs. This cannot be said of drugs, either vegetable or mineral. The views of Dr. Currie, of Liverpool, as to the use of water in fevers, were perfectly philosophical and founded in truth. But the practical details of that philosophy were left to be established and carried out by a Silesian peasant. And are they the less valuable? What article, I ask, was there in our *materia medica* one hundred years ago, or until the days of modern chemistry, the curative virtues of which were not the discovery of accident, or of some one ignorant of medical science? Why, a late distinguished writer claims that the whole practice with drugs is empirical, if empiricism means the using of articles in the cure of disease, for which we can offer no other reason than that some one has used them before, and discovered that certain effects were produced, or followed their administration.

But when I speak of the superior efficacy of water, over all other agents, in controlling febrile action and febrile disease of all kinds, I speak from my own observation and experience, as well as that of others who have used it. Since about the first of September I have treated over seventy cases of fever, principally what is here called chill fever. It was generally of a highly bilious, though not of a highly congestive, charac-

ter. Water was the great reliable agent in every case, and perfect success has crowned my practice. The patients were of all ages, from the infant in the cradle to three score years and upwards, and of all classes and conditions in society. Nor in a single instance have I used the lancet or calomel (or mercury in any form), or blisters, all heretofore by me deemed indispensable in the treatment of bilious intermittent and remittent fevers, water supplying the place of all, and nearly so that of anodynes. These were only used when it was inconvenient on the part of the family to use water in a proper manner. It must be recollected that Massillon is in the valley of the Ohio, where calomel has been and is still thought (by most) to be indispensable. I have practised here for nearly sixteen years, and until within two or three years have labored under the same delusion. But, thanks to the age of progressive improvement, I trust I shall make no more sore mouths, or horrid burns with blisters. Owing to the difficulty of carrying out the full water treatment in private families, many of whom either had not the conveniences or the help to it, I was obliged to use some medicines in the treatment of most of the cases of fever referred to. Yet very little was required, and those of the mildest kind—such, principally, as would excite vomiting, and the action of the bowels. As to the kind, I was generally governed by the likes or dislikes of the patient. For the first, some took only warm water, others eupatorium perfoliatum, others ipecac., and others preferred antimony. For the second, oil, senna, salts, Seidlitz, or a mild pill, were used. But the result has proved that where water was used most and with the least medicine, the patients have uniformly done best, and been much less liable to relapse. Hence I do not deem medicine necessary at all where the full water treatment can be carried out.

From my own observation and experience, in the use of water, I am pretty fully satisfied that all *functional* disease is curable, water forming the great and principal agent. This I know is claiming largely, and I may be called insane or fanatical for the assumption. But I am willing to submit to the charge, when the cause of suffering humanity (if not sacrificed human life to self-willed ignorance) demands of me to speak thus boldly and fearlessly. I charge the practitioner who neglects the examination of this subject, of being guilty of persisting in a course, calculated to jeopardize the lives of those who may seek health at his hands. The question is not, as to who was the discoverer of the water-cure practice, or who are its advocates; but simply does it possess the power of controlling diseased action, claimed by its friends, or one half that power. If so, is it not worthy of a most respectful examination by a profession pretending to the liberality claimed by the members of the medical profession? For one, I am willing it shall stand upon its merits, or fall; but let its merits be fairly and impartially tested. Or if something better can be presented to fill a vacuum all must have felt existed, I for one shall be as ready to examine and test its power, as I have that of water. But I do most solemnly protest against this wholesale denunciation, without examination, and this substituting ridicule and sarcasm for argument and reason—a course too characteristic of the Medical Journals in their



notices of the water-cure practice. Such a course, with that pursued by a large portion of the members of the profession individually, is calculated to drive the treatment of disease by water into the hands of quacks and empirics. For, be it known, the public are getting tired of being *dosed* with drugs, and of having their constitutions broken down (or up) by them, and are also becoming favorably disposed towards the water treatment of disease. So far as my observation and experience has enabled me to judge, as much scientific knowledge is requisite to practise with water successfully as with drugs, nor should any one ignorant of the great principles of physiology and pathology attempt to practise with either. Yet it is true, nevertheless, that there are those who may be called living encyclopædias of medical knowledge and science, and yet having no *practical tact* about them, they are totally unfit to practise either with water or drugs. While, on the other hand, it is equally true, that there are those who, having large perceptive organs, and much practical tact, succeed admirably, though they possess little or no acquired science or medical knowledge. Of course their practice may truly be said to be empirical; and to this class belongs Priessnitz, the great founder of the water-cure practice. Yet had he the advantages of a scientific education, his skill, no doubt, would be greatly increased.

Is it not true, that every honest practitioner (no matter how much his experience or great his attainments), has felt, at certain times, that there should be an agent which could control active disease and prevent its fatal termination so frequently—particularly when the subject was young or in the vigor of life? Yet who has not been doomed to disappointment? Who has not witnessed the triumph of active or acute disease over all his knowledge, science, skill, tact, talent, and medicine, both mineral, vegetable, homœopathic, Thomsonian—all, all? And have not all at such times felt the inefficiency of medicine, internally administered, or the ordinary external applications applied? A knowledge of the inefficiency of these agents in the hands of the most skilful and scientific, is, and has been, the reason why so many have been so easily led away with new things, such as Thomsonism, homœopathy, uriscopia, and last, though not least, the thousand and one *cure alls* of the day, in the shape of patent nostrums, frequently endorsed by M.D.'s, D.D.'s, &c. &c. Another cause I would mention; the medical profession are about as sectarian as religionists. And the followers of each sect, or school, are as tenacious of their doctrines, systems, or theories. Hence the great disagreement in practice among the profession, and hence the old saying, "who shall decide when doctors disagree?" Why, so unyielding are they sometimes, that they are ready, if not to make sacrifices of themselves, to make them of their patients, as I have witnessed during the present season—particularly when they would let their patients roast day after day with fever, rather than use nature's simplest and surest remedy—water—and apply it in the form of a wet sheet. Why, that would be following Priessnitz, the greatest empiric of the age; no, no, it is better to let them die scientifically, than to live by such empirical practice. And die they did. But let me ask, what is fever, if it be not the combus-

tion of the waste matter of the system (carbon and hydrogen) with the oxygen taken into it. In other words, is it not a fire? And is not water the proper agent to extinguish it, from its capacity of absorbing caloric? It does appear to me that the present system of the philosophy of disease (and the practice founded upon it) taught in our medical schools and colleges, is as far from truth and nature, and quite as visionary, as were the systems of mental philosophy before the days of Gall and Spurzheim. But the philosophy of the present day (to our honor be it said) is bringing us back to nature, simplicity, truth. Theory and hypothesis have heretofore been substituted for the inductive system, and the more a theory or system addressed itself to marvellousness, and the less to reason, the more advocates and followers it was sure to have. Hence Thomsonism found its thousands of friends and adherents in a very short time. Hence, also, homœopathy. That those who practise both these systems have effected some wonderful cures (the why and the wherefore of which they could not and cannot clearly tell), even after the most scientific and skilful of the regular profession have failed, I most "*conscientiously*" believe; while, on the other hand, they have made, and perhaps according to their number of patients, not less frequently, failures also—many of which, again, have been cured by the old school practitioners. Thus the "*haps and mishaps*" of all have been rather the result of chance, than otherwise, and thus, too, each can point to the failures of the others, and the success of their own system, to prove themselves right and all others wrong. But to the candid inquirer after truth, what does all this prove? Certainly only the inefficiency of each system and the uncertainty of medicine in any of its forms of administration, and nothing more. All do succeed, all do fail—*uncertainty* is the only *certainty* about them.

In view of all this jargon, the friends of the water treatment practice say that pure soft water, when rightly used, is *the* agent which can effect the object desired, with a degree of certainty unknown to any other article of the materia medica. Its power of controlling irritability arising from disturbance of the ganglion system, of the chemical changes in the blood, of removing excitement when excessive in a part or the whole system, or of concentrating the vital powers upon a part enfeebled—such power, I say, is possessed by no other agent within my knowledge, or with a tithe of the certainty. Not only this, but it will do it without damage to the vital functions or organs, which cannot always be said of either vegetable or mineral medicines. For reasons already assigned, some medicines or agents other than water will doubtless, for a time, at least, continue to be used, convenience being the argument. Thus circumstances may make the use of the lancet admissible. But that mercury in any of its forms is ever necessary, I have yet to be convinced. Of blisters, cataplasms, rubefacients, poultices of all kinds, irritating plasters and liniments, &c. &c., I can speak more positively and unhesitatingly, and declare water superior to any and all. It accomplishes the same objects when properly used, with greater certainty and much less suffering. My own experience has settled this question to my entire satisfaction.



As to the different systems of medication, from what I have examined and tested, I am strongly disposed to pronounce homœopathy nearest allied to nature. My experience, however, is yet limited, and I forbear a full and decided expression. One fact is undisputed, that among enlightened practitioners, the greater their experience the less medicine they give. Few skilful practitioners, after ten or fifteen years' experience, give more than one fourth the quantity they did on commencing practice, even in the same disease. The young, full of confidence in medicine, give much with little advice. The old, who by experience have learned its inefficiency, give much advice and little medicine. This verges towards homœopathy. Dr. Johnson says not a hundredth part of the medicine is required when used in conjunction with water, that is when used by itself.

The following is an outline of the course which I pursued in the treatment of fevers. After the cold stage (if there was any) when the fever was fairly established, envelope the patient in a wet sheet; cold applications to the head (if hot and painful) frequently changed. Change the sheet as often as it gets hot—every fifteen, twenty, thirty or forty minutes, but generally not to exceed two to six hours. Give them what they desire of pure cold soft water to drink, but avoid over-distention of the stomach. At the approach of perspiration, excite vomiting; when over, and the perspiration has lasted from one to two or three hours, according to the feelings and strength of the patient (while hot and sweating), throw all off and wash quickly (say in one to two minutes) in cold water with some alkali added. Rub dry, and return to bed. If able to dress, take gentle exercise either in the open air (always to be preferred) or in the house. As soon as warm or rested and in bed, apply a body bandage, wide enough to cover the whole body; if thin, two thicknesses, well wrung, with a dry one over it. In this they should remain most of the time during the intermission, changing it if it becomes dry. If it should produce too great action of the bowels, as is sometimes the case, it must be removed for a time. At night it is particularly quieting, and supersedes the necessity of anodynes. It promotes an equalized action in the internal organs, preventing congestion either in them or the brain. Should the bowels not move, such means may be used at any time as may be thought advisable. *Lavements* of water, frequently repeated, at a temperature agreeable to the feelings of the patient, answer all purposes. They should be washed all over at least twice each day, when warm, and not when the surface is cold. On a return of the paroxysm the same routine is to be gone over, with the exception of the emetic, &c. When the heat is intense, affusion of cold water, by standing the patient in a tub and pouring over him, is highly efficacious; four to six gallons may be used. Then envelope them in the sheet and cover them comfortably. Washing after each sweat is highly important and must not be omitted, or where strong reaction takes place. It gives tone by constringing the capillaries, and thus sustains the strength of the patient. For the further details of the practice, a resort must be had to works upon Hydropathy.



My object in writing the above hasty and desultory article, has been to call the attention of the profession to the subject, and ask of them to do, as I have done, examine and test it for themselves.

Very respectfully, &c. ABEL UNDERHILL.

*Massillon, Ohio, Nov. 30th, 1846.*

#### EPIDEMIC HEPATITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some atmospheric peculiarity has prevailed in the summer and autumn of the past year, which has had an uncommon influence upon the biliary organs. Since I have been engaged in the profession, we have had seasons when heat has been combined with wet, and seasons when heat has accompanied drought; but I have never seen any combination of atmosphere productive of such results as have taken place in this vicinity the season just gone by. Sporadical instances of icterus have made their appearance more or less every year; but the jaundice as an epidemic, until the summer and autumn of last year, has never to my remembrance met my observation. In some instances it has been complicated with typhus fever, but in more, the organs merely concerned in the digestive process have suffered the effects of disease, and gave evidence of local derangement. The symptoms in different individuals were nearly similar. At the commencement of the disease a chillness takes place, with soreness about the gastric region on pressure, accompanied with flatulence and febrile symptoms, and in some cases shooting pains extend through the side to the shoulder; the tongue gradually accumulating a light yellowish coat; the pulse not very highly excited, and in most cases the patient inclines to watchfulness and complains for want of sleep. The urinary discharges were scanty, and resembled bloody water from first to last. These were the more prominent symptoms showing themselves among the invalids the first few days, and then the skin began to show a slight yellow tinge, which progressed to an orange color in a few days more, when it began to assume a more natural color, and at the end of two or three weeks the patient would resume his customary occupation if his disease was not complicated with typhus. A mild course of treatment succeeded with my patients. As few of them had much nausea, I seldom gave emetics, being apprehensive that the stomach was too sensitive and in too irritable a state to be benefited by them. Cathartics of jalap and calomel were given to vigorous males at the commencement of the disorder, and less drastic medicines to females and slender constitutions; and epispastics, in severe cases, were applied to the hepatic region.

This disease has prevailed on both sides of the Merrimac as far up as Manchester, and probably farther, and whether it is endemical to the region of the Merrimac is a question I should like to have answered by some of your correspondents more extensively acquainted with the extension of the disease than myself. My residence is about eight miles from

the river. Two of my sons and several of my neighbors have been doing business at Merrimac the season past, and I believe every individual of them has returned home, sooner or later, sick with this singular epidemic. It has had the appearance in several instances of being contagious, but as a contagious jaundice would be an anomaly, or new thing under the sun, I desist from sporting in the marvellous, not having my "organs of marvellousness" fully developed.

To what this disease may be attributed, there are various conjectures; whether to a state of the atmosphere, a deficiency of water in wells, or to the stagnant waters of the reservoirs, connected with the lakes at the head branches of the Merrimac, let off to supply the factories below, is a question. I have had some suspicions that the latter might be productive of a peculiar miasma which would specifically induce a diseased state of the biliary organs, but conjecture is all I can warrant. I was told by a gentleman from "up river," that the water from these reservoirs was green and slimy, which indicates its stagnated condition.

Wilmington, Mass., Jan. 4, 1847.

S. BROWN.

## OBSERVATIONS ON STRICTURE OF THE URETHRA.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

THERE can be no doubt in the mind of any one familiar with the varied modifications of stricture, that a large proportion of the cases treated, present very unsatisfactory results; nor is this calculated to excite surprise when we reflect on the great peculiarity of structure and function of the delicate lining membrane and its contiguous tissues, so intimately connected with this most annoying disease. Unlike every other part of the body except the brain, the penis is not only subject to all the consequences of a more or less permanent loss of the balance of circulation and its attendant results, congestion and consequent contraction of the urethra, but it is, by its absolute subjection to mental impressions, and specific poisons, as well as the acrid nature of the urine passing over its excited surface, liable to the most unmanageable consequences of inflammation. These circumstances, as well as its great dependence upon individual temperament, render the treatment of urethral disease the most annoying branch of practice to the general practitioner, and flood our cities with quackery. It is not my purpose in this communication to attempt to add to the pathology of the disease, for that I conceive to be sufficiently understood. It is neither possible nor important to determine whether in the individual case under treatment, obstruction is caused by a hypertrophic state of the mucous membrane itself, or of lymph deposited outside of it. A permanent stricture demands surgical interference; and upon the delicacy and mechanical tact with which the bougie is *chosen* and applied, by which I mean its structure and adaptation to the case, the capacity for its endurance for a longer or shorter period of time at each application, the *frequency* of its use, and the nature, strength and frequency of appli-

cation of the chemical remedies *used to assist its entrance into the stricture*, will depend not only the permanency of the cure, but the probability of greatly aggravating the stricture by the very means employed to cure it. Let us remember that we seek to cure the disease by means of remedies whose power to produce a stricture, if excessively applied, none will doubt. In what respect, as far as regards the practical purpose of a cure, does a stricture produced by the excessive size and too prolonged use of a bougie, or ulceration of the lining membrane of the urethra and a consequent stricture from abuse of caustic, differ from one produced by mechanical laceration or clap? There is no essential difference, and although we are sometimes obliged in desperate cases to resort to the operation of the internal or external excision of stricture, the operation itself producing liability to its return, should only be viewed as a desperate remedy, and used in desperate cases. Caustic as a *destructive* agent I would never use, for there is no such thing as limiting its action; dissolve it must, or it cannot act; and when it does dissolve, it will gravitate and act principally not on the stricture, but on the lower part of the urethra, in front of it.

I will not anticipate this part of the subject, but proceed to give the results of a few observations made during sixteen years' attention to this among other similar and equally disagreeable pursuits. I say equally disagreeable, for he must have an odd taste indeed who professes to take up this branch of surgery "*con amore*." The most frequent and troublesome strictures present themselves below the middle of the urethra, and are apt to be more intractable as they approach the membranous part. They differ in resistance to the bougie, very much in proportion to their density, and although their extent must undoubtedly have an influence, any one can conceive that an old, yet small stricture, that could be properly represented by tying a piece of thread around the urethra, very dense and resisting of its kind, would present more hindrance to the passage of even a well-chosen bougie, sufficiently stiff to admit of a moderate pressure, than a less dense and far more recent stricture of an inch or more in extent. Indeed, we often find that the bougie in the *incipient* state of a recent stricture, though its progress may be evidently obstructed for an inch or more, will still pass on, and if the instrument be not of a wedge shape, suddenly slip through with a jerk, and pass in freely, when it would not go through a much less extensive and denser stricture. These recent ones, likewise, are much more easily removed; but the class of people who require such treatment are not likely to be influenced by prudential considerations, and always present themselves at a period when compelled by necessity. They have almost invariably been for a long time swallowing remedies for gleet, being of course ignorant that gleet is one of the most infallible symptoms of stricture, the discharge proceeding from the altered condition of the membrane constituting the stricture.

I feel that an apology is due to the practical surgeon who may read these remarks, for consuming so much space in imparting what must be a mere truism to him, yet I could not with propriety avoid mentioning some



of the difficulties encompassing the subject, on which I purpose to continue my observations in a future No., trusting to their and your forbearance for filling a few pages with an honest confession of my earlier errors (and I am sorry to say my present and frequent ill success) in the treatment of this affection, for the benefit of those who may be in the same category.

*New York, January, 1847.*

CASE OF DIFFICULT LABOR—IMPACTED HEAD—CRANIOTOMY—  
LACERATION OF THE PERINEUM AND VAGINA—DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. B., aged 36, of delicate habit, was taken in labor with her first child about 9 o'clock, P. M. I was called to see her about 2, A. M. Examined and found a vertex presentation, the head entering the superior strait. The labor progressed favorably for about three hours, when the head was found impacted and wedged firmly in the inferior strait. The pains were regular and strong. An hour passed and no progress was made, though the pains were very forcible. The membranes being full and tense, I ruptured them, and waited an hour longer without any advance of the head; pains strong, patient bathed in a profuse perspiration. I now resolved to open the foetal head, stated the case to her friends, and requested counsel. Drs. C. and W. were called. Dr. C. came in about an hour, made examination and advised to defer the operation; but after waiting a quarter of an hour he opened the head with Smellie's scissors and evacuated the cerebral mass. Dr. W., having just arrived, introduced the finger into the opening in the foetal forehead; the pains being strong, took the child immediately. The placenta followed, and after a while the patient was put to bed, somewhat exhausted. Upon examination, the perineum was found lacerated to the anal sphincter, and the vagina opened posteriorly for two and a half inches. She was delivered about 10, A. M. I saw her in the evening. The urine had been voided, and she seemed quiet.

Morning.—But little rest during the night; severe pain in the hypogastrium, with tumefaction; pulse 100, quick and rather feeble; urine suppressed; tongue clean and moist; skin cool. Introduced a catheter, and drew off a pint of high-colored urine with decided and immediate relief. The treatment consisted in the use of the catheter twice daily, laxatives and anodynes, anodyne and emollient injections, fomentations, poultices, ablutions, with a light and nourishing diet. She continued in about the same state, complaining but little of pain, only when the bladder was oppressed by the accumulation of urine, always cheerful and animated, until the ninth day, when she was seized suddenly with a violent pain in the lower part of the body, requested to be raised up in the bed, said she was perfectly easy, but could not breathe. She was laid upon her pillow and expired immediately. No examination of the body was permitted.

H. N. MATISON.

*Centreville, R. I., Dec. 28, 1846.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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BOSTON, JANUARY 13, 1847.

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*The Microscope.*—After being partially neglected for half a century, the physiologists and anatomists of Europe have again availed themselves of this beautiful instrument, particularly for the purpose of unravelling the minute structure of the animal tissues, and with results the most extraordinary and unlooked-for imaginable. Why do not our American investigators into the curious and mysterious in organization, also more generally resort to the microscope, since no researches are more exciting than the developments under the assistance of this beautiful contrivance for enlarging the visual powers. The French, particularly, of late, have turned their attention in this direction, but there is room enough, and matter in abundance to give occupation to whole scores of philosophers in this field of observation.

Dr. Carpenter states that he was applied to by Mr. Darwin, an eminent naturalist, to ascertain, in relation to two extensive strata in North America, whether they were identical. Both contained comminuted shell, and he entertained an opinion that they were the same; but when examined by the microscope, he was at once enabled to decide that the one formation was in reality a subdivision of the other, and that the two, as far as material was concerned, were truly the same.

On another occasion, Dr. Falconer was much at a loss with respect to the character of some small bones found near the remains of the bones of a twenty-foot tortoise, recovered in the Sevélie hills. He desired to have them inspected under the microscope, with relation to where they were from. Mr. Queckett, a sub-curator of the College of Surgeons, decided that they belonged to some reptile, and probably the turtle order.

The minute structure of a tooth, however small the fragment, is the exact and unerring type of the dental apparatus in the family of animals to which it belongs; and therefore, whenever another fragment, however small, presents the same characteristic items of anatomical structure, the habits of the individual to which it appertains, are quickly ascertained. By this same contrivance, the lost animals of past geological periods may be studied in fragments, and thus exhibit the triumphs of inductive science.

But the living may be benefited by microscopic researches into the condition of diseased glands, the actual condition of tumors, the lesions of vessels, the composition of excretions, &c., far beyond anything yet accomplished. So vast is the field for exploration, so few the laborers, that an opportunity for distinction awaits those who give to the subject that devotion which is necessary for discovery. We urge it upon the younger members of the profession, to fill up all their not otherwise occupied hours, in physiological and anatomical efforts with the microscope. Nature is so rich in resources, and man has ascertained so little, that the future is destined to be full of brilliant discoveries.

*Obstetric Memoranda.*—One of the neatest things of the day has been sent abroad by Messrs. Ticknor & Co., of this city, entitled "Memoranda for young Practitioners in Midwifery, by Edward Rigby, second American edition, enlarged and improved." What sort of process the work has been passing through to have been both enlarged and improved, is quite perplexing to ascertain, since it was unexceptionable at first. With all its enlargements, it is but a small 18mo still. But Lilliputian as it is in its dimensions, there are sixty-two closely printed pages of excellent matter, which gives correct information in the fewest words. We opine that a series of such miniature treatises, embracing medicine and surgery, that might be carried without inconvenience in a fob, would not only sell readily, but also be very much prized. Some who are always too busy to study larger tomes, thus armed with accurate homœopathic doses of professional knowledge, would perhaps have in their pockets more than they ever had in their heads.

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*Practical Education in Medicine.*—On the 2d of November, John Watson, M.D., gave a lecture at the New York Hospital on "Practical Education in Medicine, or the course of instruction at the New York Hospital." The author is one of the surgeons of that institution. Dr. Watson advocates a thorough-going system, and urges upon the student a course of investigation which will thoroughly prepare him for the future responsibilities of the profession. All the historical matters introduced into the lecture are instructive, and give additional interest to the discourse. In short, without particularizing the prominent points, many of which stand out in bold relief, we will add that we much admire the tone of the pamphlet, and tender our thanks to the gentleman who had the kindness to send it to our address.

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*Professional Education of Dentists.*—After reading parts of the introductory lecture by Dr. Westcott, who is in the Chair of Operative and Mechanical Dentistry, in the Baltimore Dental College, now in session, we have arrived at the conclusion that gentlemen who actually possess a thorough knowledge of all the Professor says is necessary to constitute a competent operator, must be very accomplished men. They should be so—and those who have graduated at that institution, could not have left with the approbation of the faculty, if found wanting in any one point essential to the character of the profession.

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*Ohio Lunatic Asylum, Eighth Annual Report.*—A new feature in this curious and important statistical document, is the introduction of matter from the lunatics themselves. The political tussle between the whigs and democrats, the fourth of July oration, and, lastly, the poetical specimens, give a peculiar interest to the pamphlet. When Dr. Awl's report was published, there were 291 patients under his care. The prospect in regard to them, was favorable for 39; doubtful, for 74; unfavorable, for 126, and unfavorable, but improved, for 54.

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*Spino-Abdominal Supporter.*—Within the past year, Dr. Hall, of this city, called our attention to an ingeniously-devised instrument by Dr.



Crain, of Vermont. A son of the inventor has visited Boston, with a view to introducing it to the profession. Mr. Burnett, in Tremont Row, has some very fine specimens. It is unlike any of the supporters, and yet combines the mechanical advantages sought for in most of them. Two long parallel springs ascend by the spine, allowing the spinous processes perfect freedom between them; and from the top of each, shoulder straps, &c., are given off to support them in place.

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*Anonymous Letters from Cortland Co., N. Y.*—A while since, anonymous letters, of an extremely provoking character, came repeatedly through the mail from the western part of New York State. They were the offspring of a malevolent disposition, and the outpourings of some one who was provoked at the rising eminence of a gentleman whose name occasionally appeared in our pages. It was the writer's object to impress us with the idea that he was a member of the Cortland Medical Society. Ever alive to the honor of the Association, whose good name is above rubies, unsolicited on our part, an investigation was instituted by a vigilant committee of the Society, to ascertain whether it was possible any member could have so demeaned himself as to have written in such a reprehensible manner, as cowardly as it was ungentlemanly. The result of the investigation has proved that no gentleman belonging to the Cortland County Medical Society was ever guilty of the disreputable act. It was the work of an assassin—a villain who would cut a neighbor's throat as quickly as he would ruin his reputation, and who assumed to belong to a body that was never yet disgraced by one of his odious propensities.

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*Hernia of the Diaphragm.*—Senator Barrow, of Louisiana, who recently deceased at Baltimore, died of a singular disease. The papers say that a *post-mortem* examination of the body disclosed a congenital malformation. There was an aperture through the diaphragm, through which a portion of intestine protruded and occupied a position behind the heart. No assistance could have been rendered in the case, it being beyond the reach of surgery, even had the true state of the parts been known.

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*Academy of Medicine and Surgery in New York.*—A committee of fourteen has been appointed in New York to prepare a Constitution and By-laws for the proposed new Academy. The following is a list of the committee, who were to report on the 6th inst. :—Drs. Mott, Stevens, Isaac Wood, Francis Bliss, J. Watson, Griscom, Benj. Drake, Borrowe, Reese, A. S. Purdy, J. R. Wood and Tomes.

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*The Æsculapian Society, New York.*—This association celebrated its second anniversary last Saturday evening, at the Chapel of the University. The exercises consisted in Addresses by Mr. Charles T. Quintard, the President, Messrs. Janes, of Georgia, and Lente, of North Carolina, interspersed with excellent music from a band. The Chapel was crowded with an attentive auditory, among whom were many ladies. Upon the platform were Drs. Mott, Francis, Batchelder, and other eminent men of the profession. The exercises were commenced with a prayer by the

Rev. Cyrus Mason, and the reading of that appropriate chapter in the Scriptures, which recommends every man first to take the beam out of his own eye, before he complains of the mote in his brother's eye. The object of this Society is the mutual improvement of its members, in matters connected with Medical Science, by discussing mooted questions, and writing essays. It is an honor to the College to which it belongs, and all Students of Medicine would do well to avail themselves of its advantages. —*New York Med. and Surg. Reporter.*

*Boston Annual Bill of Mortality.*—The whole number of deaths in Boston during the past year, by the published General Abstract, was 3389, 804 more than the year previous, of which 1472 were children under 5 years of age; over 60 years, 254. The number by consumption is put down at 485. With a population of 120,000, the mortality of Boston during the last year would thus be 1 in 35.40, or 2.82 per cent.

*The Beauport Asylum for the Insane.*—This institution, in the neighborhood of the city of Quebec, progresses favorably in public estimation. The number of patients at present in it amounts to 122; and there have been discharged from it, during the fourteen months since its establishment, 27, who were either cured or greatly relieved. In the absence of statistical documents, or any authentic statement of its operations, we are not able to furnish any more explicit information. The economical arrangements of the establishment are excellent, and the varieties of moral treatment, which constitute so striking a feature in the modern management of the insane, are here called into requisition. One thing is still wanting, however, to render the institution complete, namely, a resident physician, and this addition to its medical staff is the more required when we consider the distance of the asylum from the city, some five or six miles, if we mistake not, and the probable difficulty which might be experienced in obtaining the assistance of one of the regular medical attendants in cases of emergency. This desideratum we believe it is intended to supply, at as early a period as possible; some steps have, we are informed, been already taken with this object in view. —*British American Journal of Medical Science.*

TO CORRESPONDENTS.—Dr. Cook's case of Faecal Accumulation. Dr. Wright's Letter from Persia, and a case of Nævi Materni, by J. H. M., have been received.

MARRIED.—Dr. Wm. Cooper, of Henderson Co. Kentucky, to Miss F. A. Tuttle, of Canaan, Me.—Luther Cochran, A. M., M.D., of Granville, N. Y., to Miss Marian Andrus, of Dorset, Vt.

DIED.—At Washington, by shooting himself, Dr. John Wickham, of Richmond, Virg., 30. He had been an unsuccessful applicant for the office of Surgeon of the Virginia Regiment of Volunteers. —In London, Oct. 29th, aged 75, George Man Burrows, Esq., M.D., the author of a work on Insanity.—At Paris, M. Poirson late surgeon-chief of the Military Hospital of Gros. Caillone.

*Report of Deaths in Boston*—for the week ending Jan. 9th. 46.—Males, 23—females, 23. Stillborn, 1. Of consumption, 11—dropsy, 3—disease of the heart, 2—diarrhoea, 3—infantile, 2—canker, 1—hooping cough, 2—typhus fever, 2—lung fever, 5—brain fever, 2—old age, 1—drowned, 1—apoplexy, 1—inflammation of the brain, 1—convulsions, 1—paralysis, 2—inflammation of the bowels, 1—croup, 1—inflammatory fever, 1—inflammation of the brain, 1—asthma, 1—disease of the liver, 1.

Under 5 years, 13—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 5.

*Western Pioneer, or Herald of Truth.*—This is a new monthly, published at Litchfield, Michigan, “devoted to medical reform, science and literature.” It is another of those pseudo-medical monstrosities, of which this country is exceedingly prolific, manifesting plainly in their own pages that a medical and literary reform is truly needed, so far as they are concerned. Of all the specimens of low thought, lower expressions, and vulgar arguments, the Herald of Truth is entitled to the palm. With grave solemnity, this mighty engine of ignorance, of which one Z. J. Brown appears to have been the originator, opens its heavy battery upon society with a poem, which, like the Hudibrastic story of the bear and fiddle, has neither beginning, ending or a middle. By way of illustrating the taste of a strong champion of medical reform in the sovereign State of Michigan, we must afford space for a gem—also for the purpose of exhibiting the amiability of the editor towards some of his neighbors. He says—

“Let every bull-dog, cur and whiffet,  
Attend to kill off Dr. Griffith;  
Come show your skill, in trick and cheat  
And quell the people by deceit.  
Here’s Captain Jack to lead the van  
And help this bold attack to plan;  
Next on the list is Dr. Card—  
Some think he testified too hard,” &c.

*Bradley’s Abdominal Supporter.*—A well-constructed instrument is manufactured by Charles L. Bradley & Co., surgical-instrument makers, in Water street, that has been strongly recommended to our notice. The principle upon which it acts is not essentially different from many others in general use, but the manner of padding the hip-springs and the margins of the compresses, so that there shall be a comfort instead of a torment in wearing it, is deserving of special consideration by the invalid. Mr. Bradley is spoken of so favorably by those who are best acquainted with his skilful efforts in manufacturing surgical cutlery, that we hope he may receive the patronage that is due to true merit.

*Medical Miscellany.*—Influenza is prevalent at Bangor, Me. In Baltimore, it is also severe, and has even extended as far as New Orleans.—One Dr. Horace P. Perkins was divorced, by application of his wife, by the Supreme Court of Massachusetts, he being the moral delinquent.—Seventy-five students have been matriculated at the Eclectic Medical Institute, Cincinnati.—Dr. Kimball, of Lowell, amputated the hand of a young man who had been severely injured by a picker, the other day—having previously administered the letheon. The patient declared that he had not experienced the slightest degree of pain by the operation.—Deaths in Worcester, Mass., in 1846, 290.—The Western Journal of Medicine, at Louisville, complains, as do all the other Medical Journals of the country, of the backwardness of subscribers in making payments. It has been published seven years, and barely paid its way.—A new journal, to be called the Dental Mirror, devoted to dental science, is about being published in this city.—The New York Annalist has another article on the letheon, treating it and those concerned in it with much severity. The Western Journal copies Dr. Bigelow’s article without comments.



THE

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## CELLULAR INFLAMMATION.

By Edward Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FEB. 9TH.—Mr. ——— desired me to look at his hand, upon the inner side of which, at the joint of the middle finger, was a small blister produced by handling heavy and wet substances. He had opened it with a penknife, and it was now very painful. I advised him to keep it constantly poulticed.

Two days after this, he rode about ten miles, and returned after a day spent in business attended with great anxiety. His hand now became very painful. I saw him the next morning. I found him in a state of great excitement, the pain in his hand very violent and attended with great constitutional irritation. The whole hand was now of a dark red color and greatly swollen. The redness and swelling did not, however, extend above the wrist. The tongue was thickly coated, pulse rapid, bowels costive. All the symptoms of high febrile excitement were present. I ordered warm fomentations to the hand, a powder of ten grains of calomel with ten of jalap, to be repeated if necessary; and pills composed of calomel, antimony and opium, after the operation.

Feb. 12th.—Calmer. Less constitutional irritation; but the hand continues as painful and the swelling has not subsided. I now applied four leeches; and ordered the warm fomentations and the opiate pills to be continued.

13th.—Hand somewhat less painful, but still very much swollen. The inflammation shows no disposition to extend above the wrist.

14th.—As yesterday. The mouth is slightly affected by the pills. Bowels very torpid. I directed large doses of Epsom salts, to be followed, if necessary, by injections.

15th.—Suppuration has commenced from all the punctures formed by the leeches.

From this time to the end of the month the suppuration continued very freely, the swelling on the back of the hand slowly subsided, the constitutional irritation diminished, and the pain became less. But at this time there appeared one or two red swellings upon the palm of the hand. The original sore on the inside of the first joint of the second finger, still remained open, the second and third fingers were greatly swollen, and the inflammation had extended to the fore finger; but the little finger and the thumb were still entirely free from disease.

March 1st.—After imprudently exposing himself at an open window, the pain in the hand was greatly increased, the whole arm became swollen and painful, and red lines were seen extending from the wrist to the elbow. Quick pulse, nausea, great prostration, suppuration suppressed, obstinate constipation and suppression of urine. The sores having a bad appearance, I substituted a rye meal poultice instead of the bread and milk poultice; applied powdered bark to the sores, and exhibited an emetic of ipecac. and calomel, followed by a powerful cathartic; and this failing, by an injection of gruel with an ounce of castor oil.

2nd.—Swelling of the arm less. Hand begins to suppurate more freely.

7th.—No great alteration. The bowels have continued costive; he has frequently taken two ounces of Epsom salts, succeeded by an injection. He takes at night a mixture of wine of antimony, spirits of nitrous ether, and laudanum. Gets no sleep without opiates. The swelling of the hand is now less, and one or two of the openings have ceased to suppurate, but there are now orifices in the palm of the hand, at the first and second joints of the middle finger, and first joint of the fore finger, which discharge freely a thick pus. Matter has formed beneath the skin on the back of the hand and fingers, and the skin has peeled off. After using the rye poultice for about three days, I substituted one of carrots.

The disease was now in a sluggish state; slowly healing in some parts, but progressing in others. Ragged, fungous-looking orifices gradually formed at every joint of the fingers; the little finger and thumb, which for a long time remained sound, becoming gradually affected. These orifices were connected with each other beneath the skin, a probe passing readily from one to another, through the cellular membrane, but no deeper. In several places, also, spots appeared in the new skin, beginning with a speck hardly larger than the point of a pin. This immediately began to suppurate and a new fistula was speedily formed, connecting with the general purulent dépôt, which was formed in fact by the whole cellular membrane of the hand.

Through the whole course of the disease he was directed to keep the hand as still as possible, any motion always producing a sensible effect for the worse. As soon as the stomach became regulated, after the exacerbation of March 1st, I commenced giving him tr. sulphat. quinine. I applied strong mercurial ointment at several intervals, which was continued for several days at a time, with no apparent benefit. As the discharge abated, I discontinued the poultices, and commenced bathing with hot spirit; but after three or four days, during which the hand improved, the arm swelled and became painful, the red lines were again visible, and there were other indications of constitutional affection. The bathing was therefore abandoned, and the poultices resumed. The swelling left the arm, but increased upon the hand.

The discharge, which for a long time was very profuse, abated gradually during the month of March; but he gained strength very slowly. He was very cautiously put upon a more generous diet, and allowed first



a glass of porter, and then wine in addition to the quinine, which was gradually increased. I should state, also, that at various times mercury was employed internally as well as externally, but it appeared to do harm. Calomel given as a cathartic produced great distress.

Early in April, he began to walk out; most of the orifices having now closed, and the discharge almost ceased. The poultices, and the wine and quinine, were continued. The sluggishness of the bowels had been gradually overcome, and they were now kept regular by laxative diet.

At the very last moment of cure, the first joint of the fore-finger, which had healed with the exception of an opening at this joint, began to project inward so as to extend the finger, and draw it backward. The swelling and soreness prohibited any attempt to confine it by pressure, and great pain was produced by any attempt at flexion. Just at this time the arm became slightly affected, and the wrist affected so as to make rotation painful. For a short time, I daily flexed it as far as the patient would permit, but the pain produced, as well as the fear of constitutional irritation, which was still so easily excited, prevented flexion being carried far.

On discontinuing my attendance, I strongly urged upon him the importance of daily flexion without regard to the pain; but the long confinement he had undergone, together with the very slow departure of the soreness, prevented any very resolute efforts in opposition to the pain. The finger has continued to point outward, and is very slightly susceptible of motion. In all other particulars his recovery is perfect.

The result of this case was more favorable than I had anticipated. The state of the patient at several times led me to entertain serious apprehensions for his life. The idea of limiting the disease by amputation, was evidently not to be thought of for a moment, for although, contrary to my first expectation, the local disease confined itself to the hand; yet it evidently depended upon constitutional irritation. The bad appearance of the sores, the extent of the fistulæ, and the depth to which the probe passed, seemed to render it almost certain that the deeper tissues were or would be involved. Yet these all escaped, except in the fore-finger, which was the last affected and in the slightest degree.

I may mention one curious circumstance connected with this case. I dressed the hand twice daily for some time, and in the early stage of the disease, having some scratches upon my right hand, sores formed, commencing with a minute scarlet elevation, attended with stinging. This soon filled with water; and when punctured, a deep minute ulcer appeared, such as might be made in wax by the head of a pin. This soon filled with caseous matter; the inflammation extended in a circle, and a large pimple was formed, which discharged freely. The pain from these sores seemed to strike in, as it were, to the bone, and thence extend up the arm. They were easy when the hand was kept up and at rest, but on allowing the arm to hang down, the pain affected the whole limb, and a degree of nausea was felt. In every stage, these sores were aggravated by any stimulant application, by bathing with spirit, by mercurial ointment, by pressure, or by motion. The only means of relieving them



was by keeping a poultice on, through their whole course of healing ; matter beginning to form anew, as soon as they were exposed to the slightest injury from without. In healing, the skin peeled off in an extending circle from the point first affected ; leaving the new skin rough as a nutmeg grater. One of these sores, which exhibited these symptoms in their fullest extent, appeared spontaneously, without any previous lesion of the skin. These sores, when nearly healed, were several times renewed, in consequence of the absorption of fresh matter, by inadvertently using my right hand in dressing the patient's, thus proving incontestably the source from which they were derived.

*December 11th, 1846.*

## CONCLUSION OF THE REPORT OF M. VELPEAU.

By F. Willis Fisher, M.D.

[Communicated for the Boston Medical and Surgical Journal.—See p. 489.]

### DISEASES OF THE GENITO-URINARY ORGANS OF WOMEN.

THESE diseases have been divided thus—four cases of abscess, four fistulas, nine cases of granulations of the neck of the uterus, five deviations, four polypi, three incurable cancers, three metrorrhagies, and two cysts. The abscesses of the vulva have all presented the same characters ; all were situated at the bottom of the external labia. In every case the abscess was formed in less than eight days, and did not exceed the size of an egg. They gave issue to a thick inodorous pus when the abscess was opened early ; after eight days the suppuration became dark and fœtid. This last character is worthy of interest. The odor that is observed in some purulent collections is evidently owing to the neighborhood of a mucous membrane, and these abscesses are more odorous as their march has been more acute, and according as they have been opened, or allowed to open themselves at a later period. Moreover, the odor varies according to the cavity they are near : about the urethra, one recognizes the putrid urine ; about the chest, an odor of gangrene ; in the neighborhood of the abdomen, a sour odor of imperfectly digested matters ; about the anus, the pus has a fœcal smell. These remarks are useful in forming a prognosis. Boyer thought that the pus which had a stercoral odor, always indicated a complete fistula ; this is not always true. Odorous pus coming from a limb is a sign of a disease of the bone. Abscesses of the vulva are generally owing to excess in the functions of the genital organs ; they are only met with in young women. One question remains doubtful in regard to this disease, whether, as M. Hugnier thinks, the inflammation occupies the gland itself ; as for ourselves, we do not think this always the case. Several reasons authorize this doubt ; if the phlegmasia occupied the gland exclusively, one would not observe at the opening of the abscess that kind of pus which is formed there. Generally, this pus is creamy and thick ; but we know that the suppuration of the gland is not free, it is composed of serous and mucous parts. Besides, the

glands are organs which are rarely inflamed ; the sub-maxillary gland, the parotid, excepting the swellings about the ear, and after typhoid fever, are not frequently the seat of inflammation ; the liver, even, and the kidneys, are rarely inflamed. Thus, according to Velpeau, the inflammation of the glands of Bartholin is an undecided question, and remains a subject for investigation. The therapeutics of these abscesses is limited to opening them as soon as there is pus, and perhaps sooner ; in general, they ought to be opened early, to avoid the destruction of the tissue and the formation of a large sinus. It is better to make the opening upon the side of the skin rather than through the mucous membrane, as one would be conducted there if he examined nothing but the thinness of the tissues to decide where to make the incision. The reason of our choice for the evacuation of the pus is found in the difficulty of cicatrization of the openings made upon the internal face of the great labia. This surface, in apposition with that of the opposite side, by the mucous membrane, is kept wet by fluids which are opposed to the complete healing. There is still another advantage in opening the abscess upon the external face ; the two great lips, in approaching, exercise a gentle compression upon each other, the effect of which continually tends to the discharge of the pus and to unite the walls of the abscess. The vulvo-rectal fistulas have been submitted to two trials of a new operation, but these attempts are yet too incomplete to form an opinion of their value. Our idea was to create a recto-perineal fistula by means of a seton, with a design of obliterating the vaginal portion of the fistula, and afterwards to heal that which we had established ; but we repeat, that our attempts are too incomplete to draw any conclusion from them.

The granulations of the neck of the uterus is a disease so common that we shall consider them in detail, because many physicians confound certain diseases of the womb, granulations, ulcers, cancers, &c. We establish, first, that one seldom finds other lesions than granulations of the neck among those generally called ulcers. This deserves attention. Practitioners who have studied these affections specially, see most frequently granulations ; but as women now-a-days are easily frightened on account of these diseases, if the physician has not made a profound study of them, he may take these granulations for some grave disease, or, *vice versa*, may take some ulcerous or grave cancerous affections for simple granulations. The diseases of the neck of the womb must be ranked in two distinct classes : those which compromise the life of the patient ; true ulcers ; the cancers ; perhaps venereal ulcers. These are rare, but it is necessary to include the serpiginous ulcerations, phagedenic ulcers, and a form of cancer. This last kind of ulcer is not preceded by swelling, tumefaction or pain ; the ulceration shows itself a little after. There are two varieties—one occupies the neck and destroys it ; the other penetrates into the interior of the uterus, eats it, transforms it into a sort of thin shell, and furnishes a bloody and fœtid pus. It is a disease inevitably fatal, except when limited to the neck of the womb, and cannot be destroyed by the knife or fire. The proper cancer is the fungus, or more rarely the scirrhus, but there are fewer of these diseases than others.



Some important remarks upon cancer, which are generally but little known, should not be forgotten. We have kept a number of these patients in the wards to prove, that, contrary to the general opinion, cancers of the womb are ordinarily but little painful. This idea, prevalent in the world, and even amongst physicians, that cancer of the womb is a disease extremely painful, has very grave inconveniences. Most of the patients that have been received, when asked why they had not sought advice sooner, answered that they had not suffered. Among authors, the picture of the sufferings of patients attacked with cancer of the womb is so hideous, that physicians do not pre-occupy themselves with a disease of the uterus when it is not accompanied by acute pains. Moreover, in practice, when a woman perceives some trouble of the womb without pain, we do not immediately propose an examination, because it would be disagreeable to her; and as pain is not always an accompanying symptom of cancer, a grave disease is allowed to proceed so long as the patient is free from acute pain. Some females, however, suffer much from cancer of the womb, and these are the persons who have furnished the examples of authors; a great number suffer at the end of the disease, when the degeneration invades the cellular tissue, the broad ligaments and the plexuses situated in those regions.

Among the ulcerations of the womb, we have not met with those varieties without number, herpetic, scorbutic, scrofulous, &c., which have been described by some authors. We cannot explain these multiplied divisions except by supposing that these authors have allowed themselves to be biassed for the time by some prevailing theoretical ideas in the science, which the keenest minds do not always escape. The granulations of the neck are almost always indicated, by a white discharge more or less abundant. This white discharge, milky or yellowish, sometimes tinged with blood, may be a symptom of other diseases, but most commonly indicates the existence of granulations. To this sign may be added pains in the stomach, the patients complain of growing thin, and of suffering in the kidneys and groins. When a patient presenting these different symptoms is touched by the finger well extended, the neck is found slightly augmented in size; it presents the sensation of some kind of grain, like a raspberry, but it is firmer. These characters are easy to recognize after one has acquired some skill. The granulations are more easily recognized by the touch than by the speculum. In using the speculum, one is certainly more exposed to error unless he has great skill. This may appear singular, yet it is true. When the instrument is introduced, the mucous membrane of the vagina presents two folds which may be mistaken for the neck; or, at other times, only one side of the neck may be visible, which may be healthy whilst the other is diseased. The finger is not liable to these mistakes; it is the best method, but does not prevent the use of the speculum. These two methods united give a degree of certainty not acquired by either separately. The comparison of the sensation furnished by the granulations to a raspberry or strawberry, is sufficiently exact. The granulations are found either scattered or in patches, and most frequently occupy the mouth, but sometimes are met with in the



interior of the neck. It is in this last case that the speculum is most useful. When the instrument is introduced and the neck embraced by its extremity, by pressing a little it enters the open mouth, and if there is a muco-purulent discharge discovered, granulations, without doubt, exist in the interior. These granulations, when observed in the interior of the cavity or upon the mouth, affect only the mucous membrane, the epithelium is destroyed, the papillary layer is exposed, but the tissue of the organ remains healthy. Granulations are rarely complicated with marked engorgement. This disease, so frequent at the present time, presents no other varieties; sometimes, it is true, there happen excoriations which terminate in ulcerations, but these do not merit attention and the disease is the same. The question of the most importance is this, are granulations dangerous? Some practitioners assert the affirmative; they believe them to be the cause of cancer of the womb; but this is not proved. There are so many women who have these granulations and who keep them a long time without having cancer, that it is doubtful that this last disease, so difficult to cure, can be a consequence of the first. One surgeon pretends that since these granulations are cured, he sees but few cases of cancer; truly, this only proves that patients affected with cancer no longer consult him; we, unfortunately, still see too many of them. This granular state of the neck can be cured in almost every case. We do not hesitate to say, that nineteen of twenty cases are cured, and generally with the same treatment. Cauterization of the granulated parts is the remedy *par excellence*. No person is ignorant of it, every one practises it, but not in the same manner, nor with the same caustic. One can cure them probably with any caustic, but not so easily nor so quickly, each caustic possessing a specific virtue of its own. For granulations, the nitrate of mercury is the most efficacious, and the most convenient, and is never injurious. The manner of procedure is very simple: a small pledget of lint, moderately wet with the liquid, is passed over the granulated parts, and is forced into the neck if granulations exist in the interior. These cauterizations are repeated every eight days during five or six weeks; they need not be continued longer. This precept is necessary in order to avoid an error injurious to the patient and into which one will certainly fall unless he conforms to it. When the cauterization has been well performed, there remains after it an ulceration, and if the surgeon continues to cauterize whilst it exists, one would never cease, because the ulceration is caused by the cauterization itself. A few baths and tonics complete the treatment, the success of which is nearly certain.

Deviations of the uterus are closely allied to granulations, and are met with simultaneously in a great number of cases. We have observed this year five examples of deviations, in all of which granulations existed at the same time. Twenty years since, we called attention to deviations of the womb; they have been known for a long time, without doubt, but have been considered only in their relations to parturition. We have demonstrated that there is not a more common lesion in the genital organs of women. The disease, or rather deformity, may exist and frequently does exist a long time, without being discovered. Women who are some-

times submitted to treatment for other diseases have absolutely nothing but deviations of the womb. These deviations present some varieties. The uterus will be displaced to the right, left, forward, backward, &c. It is necessary to distinguish these deviations from those which are called inversion, anteversion, retroversion, lateroversion, &c. The womb is more frequently inflexed than inversed. In inflexion the neck is found nearly in its natural place; the uterus, on the contrary, is turned either forward, backward, or aside. One of the reasons which contribute to keep a considerable number of these affections unknown is, that a certain number of practitioners who do not, or who do not wish to, recognize them, treat them under the name of engorgements of the womb. Besides, the medication of these physicians is easy to retain, it is always the same; for an anteversion, an anteversion, a retroversion, a fibrous body, a cancer, it is always the same thing. Pills of hemlock, small bleedings, absolute repose upon a long chair, a few baths, these are applied indifferently by these practitioners to all the diseases that we have designated, always under the title of engorgements. We do not say these never exist; we only say that they are very rare, and that in forty-five cases out of fifty, the patients treated for pretended engorgements have nothing but deviations. Moreover, in the actual state of our anatomo-pathological knowledge, what is understood by an engorgement of the womb? The diseases of the womb may be compared to those of the testicle and mamma. Is an engorgement, then, to be considered as a sequel of degenerescence? But this is a cancer, colloid, encephaloid, &c. Do they mean a simple sub-inflammation? But these diseases do not continue in this condition; they either become acute, or are resolved and cured. Where is the proof of these engorgements? Since they are so frequent, since women do not die of them, it happens certainly that some women who have them die of other diseases. Where, then, is the proof upon the dead body? Who has seen it? They surely are not lesions that disappear with life. The truth is, an error in diagnosis is made in these cases, and the cause of the error is this: when the surgeon, on examination, finds the neck of womb healthy, or not sufficiently diseased to account for the symptoms; when, besides, he finds in the pelvis a swelling, often painful, which fills up a part of the cavity, he considers it an engorgement. Proceeding from this, he prescribes the treatment for engorgements, a treatment which has had much vogue, founded upon the last murmurs of the school of Broussais. Small bleedings,—the extract of hemlock—baths for two or three hours, small cold lavements, frictions with the pomade of the iodurate of lead, &c.&c., and some other means of which we shall soon speak, such is the plan of treatment for engorgements, with the addition, as is well known, that the patient must rest in bed some months, which cannot fail to injure the general health, as one can easily comprehend. We say that engorgements have terminated their career. It is necessary to return to ideas of pathological anatomy more sound and conformed to observation. Can we say, then, that the disease being better known, we succeed better in curing it? At least, as we know the real cause of it, we comprehend the inutility of all those means which have been employed, and



understand that a mechanical means only can effect a cure, and in truth this is a very difficult thing. But at any rate, knowing the disease, we shall no longer be uneasy, we can reassure the family, and can finish by making those women walk that were condemned to an enfeebling and injurious repose—more liable to augment the accidents sometimes caused by the deviations, than to modify them and cause them to disappear. It is necessary that women affected with deviations of the uterus should have a generous diet and sufficient exercise. These two points are important. Thus, while we do not deny the existence of engorgements, we affirm that they are very rarely met with.

In classing the uterine affections in the order of their frequency in practice, we place, first, the granulations; then the deviations, these are affections daily met with; afterwards come the anormal productions, fibrous bodies, cancers, engorgements, &c. Finally, we do not know any efficacious treatment against deviations. To watch the nervous system, to calm it, to sustain the digestive functions, to combat constipation, such are the indications against the general symptoms. The local means which have real efficacy, are the hypogastric girdles, pessaries and splints for replacing the uterus. We have nothing to say upon the other lesions; but in order to complete the list of the diseases of the sexual organs of women, we must include the affections of the *mammæ*. These diseases have been twenty-six in number, seventeen of which were tumors.

Diseases of the anus have been divided as follows: three fissures, fourteen fistulas, four cases of hemorrhoids, one polypus, three cancers, five ulcers, eight abscesses, one retention of the *feces*. Time does not allow us to speak of these diseases. We will remark that none of these patients have died, which is singular, as each year previously diseases of the anus have proved fatal in several cases.

M. Velpeau intended to have made some remarks upon the operations performed in his service during the past year; but being pressed for time, he concluded to defer them and enter more fully into their consideration in his ensuing report.

This paper, by the general character of the subject, has been necessarily extended to considerable length. Some may think it verbose, but it is evidently written so as to be plain and intelligible. Velpeau expresses his opinions with the clearness and fearlessness of one who is certain of his position, and, as will be seen, has no mercy for those whose diagnosis and treatment are merely hypothetical. What the profession requires, is the observation of facts, not suppositions, and we have consequently brought forward this *resumé* as one which answers the double purpose of establishing sound and important truths, and demolishing uncertain and injurious errors.



## THE PATENT "LETHEON."

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have always been opposed to quackery in any shape, I detest charlatanism in every form; *ergo*, I am not pleased with the method whereby the "new gas" and the *patent* "letheon" are offered to the public. Notwithstanding the respectable gentlemen of the *profession* who have undertaken to sustain Dr. Jackson and Mr. Morton in the (I do not say *unprofessional*) course they have taken, I believe the majority of medical men will disapprove the measure, even though this *vis-a-tergo* influence is still applied to the wheel. In this instance aqua fortis will avail nothing; for the profession, in the first place, are opposed to the use of patent remedies, and from education, i. e., long training, they hate them as they abhor those who *vivere lupto*. We are not yet satisfied who are really the inventors. If it should be proved that the inventors, or the *inventor*, is not Dr. J. or Mr. M., then those who could overlook the first difficulty will here meet with one more objectionable; they may well exclaim, *ohé! jam satis*.

But suppose we grant the claimants the honor, &c., of the invention, and *purchase* the right, &c. &c. I can conceive that it may be *many times a dangerous application*, one that will increase the danger of every formidable operation, and render dangerous those that are not perilous, by its influence on the brain and its appendages, which at such times may prove very deleterious; a fact evident to all who are acquainted with the toxicological properties of the drug, and its action on the animal economy when administered sufficiently to induce insensibility and narcosis.

I have seen a quotation from the Albany Argus, stating that the "new gas" had been tried there (Albany), and its effects upon the patient were similar to those of the nitrous oxide gas; an unhappy effect, which consequently disappointed the operator, and afflicted the patient. This shows another objection to its use.

If it is sulphuric ether, I expect that its administration will *frequently* produce the excitement and intoxication caused by the nitrous oxide; for I have witnessed like appearances many times in those persons who have respired the ether. I have a right, therefore, to apprehend the difficulties and dangers I have alluded to, and feel bound to warn the inexperienced against the too hasty adoption of it, and also to ask the attention of the more practised to the subject, that all necessary precaution be taken, and the evil consequences that might result from indiscretion and precipitancy be avoided.

These, then, are the reasons that I have to offer, and they have been given without prejudice against or in favor of any person. I cannot sanction "*patent rights*" in a learned and liberal profession—I fear the operation of the new invention; and, whether valid or not, I have given my reasons—my *honest* but humble opinion. In closing, I am constrained to say, "*tempora mutantur, et nos mutamur in illis*"—for this could not have survived its birth in any other age.

CLAUDIAN.

December, 1846.

# PRODIGIOUS FÆCAL ACCUMULATIONS IN THE RECTUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—On the 17th July, 1845, I was called to see F. C., a young lady aged about 15 years. Was informed that she had several times menstruated imperfectly, that she was somewhat troubled with costiveness, and that she had had no evacuation from the bowels during the three days last past. Tongue coated, white, not dry, skin hot and dry, pulse somewhat too frequent, and complained of pain in her head, with perfect loss of appetite. Prescription. Directed her to take six grains of the following pill mass every six hours. R. Soc. aloes, ʒijj. ; g. scammony, ʒ iss. ; pulv. jalap, ʒ iij. 1-4 ; hyd. proto-chlo., ʒ i. ; sapo. cast., gr. xv. ; nit. pot., ʒ ss. ; tart. ant., ʒ j. ; ol. anise, arab. muc., āā q. s. to make a mass.

July 18.—Being about ten miles distant, I received a very urgent call to visit her ; found her in great pain, like the last pains of labor, the intermissions being very short, yet very perfect ; urgent and painful desire to pass urine, yet none had passed since the morning before (now 4 o'clock, P. M.). Cathartic pills have not operated, and was now informed that all the evacuations during the past two weeks had been but an occasional scanty discharge of mucus, and that such discharges were now being produced, the consequence of the excessive tenesmus. Deciding to introduce a catheter I attempted to pass a finger into the vagina, but was prevented by what appeared to be an unyielding mass, filling the whole pelvis, and pressing upward and forward so as to make it very difficult to pass the finger between it and the pubes. I accordingly carefully insinuated the point of a silver catheter into the urethra and passed it into the bladder, and discharged a quart or more of urine. The tenesmus still continued, and the acuteness of the pain was somewhat relieved, but the involuntary straining effort which characterizes the closing throes of labor still continued. With considerable difficulty I now passed a large-sized gum-elastic catheter into the rectum, and through a mass of fæcal matter, some ten inches, when adapting a syringe to the external end of the tube, I succeeded by dint of perseverance in forcing warm water through the plugged orifice of the upper end. After sending up about a quart of fluid, the catheter was withdrawn, and in two or three minutes more than a gallon of fæcal matter followed, consisting almost entirely of the seeds of raspberries. After another small evacuation, which followed in a few minutes, she became entirely comfortable. The next day I was again called, and finding much the same symptoms, resorted to the same means, and obtained a similar result. After this the urinary bladder and the rectum evacuated themselves without aid, and raspberry seeds continued to appear in the fæces for several days longer, though none had been eaten during the week previous to my first calling upon her. Since that time she has enjoyed her usual health.

I present this case to the notice of the profession, not on account of any peculiarity of the practice ; indeed I think it was but what was indicated, and would have readily suggested itself to any reflecting physician : but 1, To show that a vast amount of fæcal matter may accumulate in the rectum, and also above the sigmoid flexure of the colon, while the



sensibility of the mucous membrane remains low as in cases of constipation, but that when this sensibility is increased, as it was in this case by the cathartic, violent symptoms are the consequence; and 2, That when the pelvis becomes sufficiently full to distend the perineum, the action of those muscles associated in the function of expelling the contents of the pelvic viscera is excited, and if this distension be proportionally increased their action becomes intermittent and involuntary. This phenomenon we have all so frequently witnessed in parturition, when the head of the child fully occupies the pelvis and rests on the perineum, that we find it difficult to view it as but a specific accompaniment of that series of phenomena, the aggregate of which constitutes labor. Indeed so strong did this influence operate upon my mind, in this case, that when preparing to introduce the catheter, notwithstanding the youth of my patient, and the character of the family being above suspicion, I could not divest myself of the feeling that, upon the finger entering the vagina, the head of a foetus would present itself.

S. A. COOK.

*Buskirk's Bridge, N. Y., Jan. 4th, 1847.*

#### LETTER FROM PERSIA—LEECHES IN INTERMITTENT FEVER, &c.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your favor of May 3d, 1845, accompanying the truss, has been lying by me a long time unacknowledged. Though at this late day, please accept my thanks for the truss. \* \* \* \*

We have just heard that the cholera has broken out in Tehran, the capital, though we have no definite information yet of the extent of its ravages. A physician residing in Tabreez, writes me, under date of August 1st, in the following manner: "We are all consternation here, at present, at the news of the cholera being at Tehran. The Prince (Governor of this part of Persia) is most anxious to take all sanitary measures to prevent its arrival here, and has had communication with Dr. C. and myself on the subject, since which all the Rabab manufactories (cook-shops) have been sent outside of the town, and the selling of fruit diminished. Cleanliness is strictly enjoined, and a fresh supply of water let into the town from the gardens for watering the streets." The disease marched through these parts some twelve or fifteen years ago, and made dreadful havoc of human life. In many cases the natives, when attacked by it, used to throw themselves into a fountain or stream of cold water. The testimony is, as you would expect in such cases, that some lived and some died. By the way, what do you think of Andral's summary of the cholera? "Anatomical characters, insufficient; causes, mysterious; nature, hypothetical; symptoms, characteristic; diagnosis, easy; treatment, doubtful."

Are you familiar with the use of leeches, applied over the region of the spleen, in obstinate cases of intermittent fever? I have tried this treatment in two very bad cases, and with the most complete success. A Roman Catholic priest, a native of France, had been my patient some



time, and I had become almost discouraged in using quinine and arsenic. He became worse and worse, and, dropsical symptoms supervening, his friends thought he would certainly die, and I began to think so too. In this state, I heard that Dr. Bell, Physician to the British Embassy at the Court of Persia, had used leeches in similar cases with great success, and I determined to try them on my patient. Dr. Bell's mode is to apply them on the day the moon fulls, and to repeat them every full moon until the disease is conquered. Though I had, of course, little confidence that the moon had any thing to do in the matter, I made the experiment exact to the letter, and at the first full moon applied twelve leeches over the spleen, intending to repeat the application at the next full moon in case the disease did not give way. But to my delight, and, I may add, surprise too, the poor priest, sallow and dropsical as he was, began to recover from that day, and I had no occasion to repeat the leeches.

I recently made a professional visit to Badr Rhem Bey, the celebrated Roordish chief of Bultem on the river Tigris. His son, a youth of 12 or 14 years of age, had been suffering for about a year and a half from ague and fever of the *quartan* kind. He was reduced to a state which gave much uneasiness to his friends. At first I tried a purge and quinine, but without success. Indeed his next attack was more severe than before he had taken the medicine. I concluded to resort to the use of leeches, though some of his friends thought he would certainly die, if he were to lose blood, pale and emaciated as he was. Without regarding the moon as in the former case, I applied six leeches the day before he expected a paroxysm, and on the morning of the next day, gave him two doses of quinine of four grains each. The disease was broken from that time. What comments have you to make on these cases?

Many, many thanks for your Journal. It is always *very* acceptable.

I remain, my dear sir, yours very truly, A. H. WRIGHT.

Oroomiah, August 12, 1846.

#### MESMERIC PRESCRIPTION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If the medical practitioner in his professional business meets with much that is disagreeable and annoying, he occasionally, also, meets with something that is agreeable and amusing or ludicrous; so that the prescriber of powders and pills for the sick, is not, I believe, necessarily more unhappy or more tormented than those of other pursuits. But to come directly to the subject of this communication. I was recently called to a young married woman, the mother of one child, who, I learned, had been suffering for some months with what a medical author calls "the scourge of married life," prolapsus uteri and leucorrhœa. As the symptoms in the case led me to conclude that the disease had existed a considerable time, I inquired whether she had used any treatment. She said she had not considered herself "sick enough to have a doctor," but that she had, by the advice of a female friend, some two months ago,

been to a mesmerizer, that she had been using the mesmerizer's prescriptions, and that she had the recipes in her possession. At my request she produced a paper, of which the following is a copy, *verbatim, literatim*, and *punctuatim*.

"R. Snuff, to be taken 3 or 4 times a day. Bath Each Morning with Cold Water. Bath the Side and Shoulders, Back and pelvis, each Night, with Brandy, 5th preparation. Bath the Head with the Tincture of Meadow, fern and Seawater one Spoonful 3 or 4 times a day and when it *feals* heated. Ante Mercurial Syrup. After taking one Bottle of this Commence taking the Strengthening Syrup the Same way. Spice Bitters. Apply the Irritating plaster Between the Shoulders. \$388."

All was sufficiently intelligible, except the \$388, which I was informed meant that she paid \$3,88 for the medicine. I then inquired whether she had derived any benefit from the medicine. She said she had not received much benefit, but she thought the snuff did some good, more than any other of the remedies.

If you think the above most scientific and most profound prescription will sufficiently amuse, not to say enlighten, your readers, please insert it in your Journal, and hand it down to posterity for the benefit of all future time.

GEO. HUBBARD.

*Boston, December, 1846.*

#### NÆVI MATERNI.

[Communicated for the Boston Medical and Surgical Journal.]

A NEIGHBOR of ours had a pair of Muscovi ducks. In the spring, as usual, the duck dropped her eggs wherever she happened to be. At this time the ducks got out of the yard and strayed to the river. To scare them from the water their owner threw a stone at them, which happened to hit the drake upon the head, inflicting a severe wound. After a time they were conveyed to the house. For a number of days the drake lay upon his side, and the duck stood over him expressing a great amount of sympathy and anxiety. The curiosity of the incident is, that about this time the duck made her nest, and in due time, from eight eggs, hatched eight ducks, each having a similar wound upon the head, and were unable to stand, but lay upon the side in like manner as the drake had done. They lived but a short time; the last died on the fifth day.

J. H. M.

*Ellington, Ct., Dec. 30, 1846.*

#### INSENSIBILITY DURING SURGICAL OPERATIONS BY INHALATION.

[THE following is from the New York Journal of Medicine and the Collateral Sciences, edited by Dr. Charles A. Lee.]

Much has been said of late in some of our exchanges in reference to this matter. From them we gather that it is a patented preparation, and that the substance used is (in all probability) "an ethereal solution of some

narcotic substance ;" it is inhaled from a " small two-necked glass globe ;" it renders the patient insensible for a period varying from two to forty-five minutes or more ; it is not safe even when administered in a skilful manner to children ; serious and almost fatal consequences have followed the inhalation of it by adults possessing susceptible constitutions, all of which render it (when administered judiciously) a limited, dangerous, and uncertain preparation—even supposing it to be presented to the profession in a proper manner, which, we are compelled to say, is not the case. Nor is this all. We are sorry to see many of our brethren, at home and abroad, stooping from the exalted position they occupy in the profession, to hold intercourse with, and become the abettors of, quackery in any form. Such doings are certainly contrary to the ethics of the profession, and should not be tolerated for a moment in any one.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 20, 1847.

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*Regulations of the Massachusetts General Hospital.*—The special attention of medical gentlemen in the country, is called to an advertisement in this week's Journal, regarding the regulations of the Massachusetts General Hospital in the admission of patients. Dr. Thayer is taking the right method to prevent a recurrence of mistakes and disappointments. The institution is admirably conducted, and may, without hazard of contradiction, be called the first hospital in America.

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*Boston Lunatic Hospital.*—In the recent report of the board of visitors the institution is represented to be in a very satisfactory condition. Improvements and additional accommodations were demanded, in consequence of the prodigious influx of pauper lunatics from Europe. More and longer wings to the present ones, it seems, will soon be required. In connection with this report, is another by Dr. Stedman, which is a plain, exact account of the internal administration of the institution. One hundred and sixty-nine patients, viz., 85 males and 84 females, now remain in the hospital. It appears that the discharges never equal the admissions, and, in the nature of things, never will. Of the present 169 resident lunatics, 90 of them are foreigners ; 70 of whom are from Ireland. Eleven of the United States are represented in this hospital, yet these do not equal, in number, the lunatics from Europe, who are supported by the citizens of Boston. The act of sending idiots, insane paupers and feeble old people from parishes in the three kingdoms, to save the cost of supporting them at home, is notorious. Dr. Stedman says that intemperance continues to be the exciting cause of insanity in many who are confided to his care. We like the tone of his report, because it breathes a spirit of benevolence, while the feeling of responsibility is apparent in every line. If it were possible to restore all the inmates to health and reason, it is very certain he would do it.



*Pauper Statistics of Sickness in Boston.*—There are three public institutions at South Boston, of which Dr. Stedman is the medical officer. One of these has been already alluded to. In the other two, the following is a report of the cases of sickness for one year :

*House of Industry.*—Number of patients remaining, July 1st, 1845, 40 ; admitted since, 940. Whole number under treatment, 980. Of these have recovered, 634 ; improved, 96 ; been removed, 17 ; died, 162 ; number remaining at this date, 71.

*House of Correction.*—Number of patients remaining, July 1st, 1845, 14 ; admitted since, 741. Whole number under treatment, 755. Of these have recovered, 659 ; improved, 42 ; been removed, 31 ; died, 12 ; number remaining at this date, 11.

*Dr. Green's Work on Diseases of the Air Passages.*—A correspondent, referring to the late review of "Green on Bronchitis," directs our attention to the Medico-Chirurgical Review for November, 1837, and again for January, 1838, wherein he says it appears that Dr. Johnson was perfectly familiar with the claims of Trousseau and Belloc to the merit of treating the diseases of the larynx, by topical applications of the nitrate of silver ; and this long before the reported conversation with Dr. Horace Green in London, when he is represented to have suggested the idea to the latter gentleman, upon which he acted upon his return home. We have not those numbers of the Review by us, and therefore are unable to say whether, as is here intimated, the truth of the charge of plagiarism, preferred against Dr. G. by Medicus in our Journal of the 16th ult., and by the editor of the New York Annalist, is confirmed or not. We take this opportunity of saying, however, that the charge of Medicus was inserted wholly on the responsibility of a correspondent of high standing and superior qualifications, and who assured us that proofs of its truth were lying by him. Although unwilling to believe such things of Dr. Green, of whom we have with pleasure spoken favorably in former times, yet we could not, under the circumstances, decline the insertion of the review of his book and do justly by the profession for whom we are laboring. We can only add that it will give us much pleasure to publish anything which he or his friends may prepare, tending to exculpate him from the charge which has been made, and we are sure our correspondent will also rejoice to be convinced of the originality of Dr. G. in this matter.

## New York Correspondence.

*Letheon in New York.*—Dr. Alexander E. Hosack has twice permitted the experiment of administering the ethereal vapor by Morton's apparatus, as preliminary to surgical operations, during the last week. The first case was an amputation of the thigh, the patient being rendered entirely insensible and unconscious during the removal of the limb, but recovering his sensibility during the ligation of the arteries, and before the dressing of the stump, so as to require a repetition of the inhalation, to which he readily assented. Dr. Hosack's other case was the removal of a scirrhus

testis which had acquired a formidable size. In this instance the respiration of the letheon produced obvious narcotism, attended with a pulse of 130, dilated pupils, stertorous breathing, and a suffused countenance, red eyes, &c., with a convulsive tremor of the limbs, ending in muscular relaxation when the full effect was induced. The incisions and a part of the dissection were made without any betrayal of sensibility on the part of the patient; but, as in the other case, the consciousness returned before the operation was completed, and the man refused to inhale any more of the gas, admitting, however, that he had thus far felt no pain. Both these patients testify to the entire unconsciousness which resulted from the inhalation, while the effects lasted.

Dr. Mott has lately succeeded in the operation for fistula in ano, which required no less than five incisions in different directions, the patient being meanwhile obviously insensible to pain, and entirely unconscious that the operation had been commenced. Similarly happy results were produced by the letheon in a patient from whom a carcinomatous mamma was removed by the same gentleman, so that the possibility of annihilating both consciousness and sensibility during painful operations by this agency is now amply proved to candid men by the experience of distinguished men here, as well as at Boston and elsewhere.

The objections to its use, however, are various, and some of them being urged with much vehemence and not a little plausibility, will doubtless restrict somewhat its usefulness.

1st, It is considered unprofessional, among scientific men, to employ any remedial agency, of the precise nature of which they are ignorant. The secrecy, therefore, alleged by its proprietor, is deemed an ample reason for proscribing it.

To this objection it is replied, that though announced as a secret remedy by Mr. Morton, it is only the mode of preparation which is secret, the agent being known to be sulphuric ether, and this alone and uncompounded; its concentration and elimination from its free acid or other impurities, being effected by a peculiar process.

2nd, It is regarded equally unprofessional to employ any patented remedies; and those surgeons who have allowed this patent agent to be employed as an experiment to test its usefulness, have been reprobated and denounced by some of their compeers.

To this it has been replied that the patent only covers whatever is peculiar in the preparation of the ether for the purpose so as to secure uniformity in its strength, together with the apparatus for inhalation, which is both neat and ingenious in its construction. While, as a caveat to both these objections, it is urged, that it is not more unprofessional than to employ Henry's calcined magnesia, McMunn's elixir of opium, or even James's powder, &c.

Still another objection has been made, which, if well founded, would of itself be fatal to the adoption of the letheon in capital operations. It is predicted that the suspension of sensibility to pain, is purchased at the sacrifice of the recuperative energies of the system, so that the healing of the wounds after operations will be hindered, if not prevented, by the use of this new agency. But no physiological or pathological law, to be found in any theory, can gainsay the facts of experience, furnished by the united testimony of the leading surgeons of the country, as in Boston, Salem, New York and elsewhere, by which the contrary has been testified, union



by the first intention having supervened in several of these cases with unusual promptness, and no untoward result having followed in any one of them.

The most formidable objection to the use of this new agent, and the only one to which no answer has yet been given, applies with great force against its indiscriminate application, and equally against its employment at all, except in very painful operations, the severity of which may justify the positive and direct interference with the integrity of so important and delicate a structure as the brain, as the letheon obviously produces. That it ought not to be employed by dentists as preliminary to their minor operations, there should be but one opinion among conscientious men; and there will be little diversity of sentiment among such men, after they shall have used it or seen it used for such purposes. Indeed there can be little doubt that its indiscriminate or very frequent use, upon trivial occasions, will be followed by mischiefs which will be deplored by the operators, as well as their victims, unless very great caution be observed in the selection of cases, and in the extent to which its inhalation is permitted.

The observations made here upon the few cases of its employment, would suggest the following rules for safely using it.

1st, It should never be inhaled by children or by aged persons.

2nd, Individuals of plethoric habit, or much nervous excitability, should be warned against its use.

3rd, Persons predisposed to paralysis, convulsions, or other nervous diseases, should not be allowed to inhale it.

4th, It will be a hazardous experiment to use it in any patient while vascular congestions exist in any vital organ, but especially if in the brain.

5th, No one should inhale it who is not assured of possessing sound lungs, and general good health, for in such only can it be employed safely.

6th, It should never be advised as preliminary to tooth-drawing, or other brief operations of minor character, for the reason that the pain of these, however acute, had better be endured, than to incur the risk, even momentarily, of engorging the vessels of the brain by this potent agent.

7th, It is only in capital operations, involving the necessity of extensive wounds, and painful incisions through sensitive textures, that this agency can be recommended, and even in these for impunity from subsequent mischiefs, a judicious discrimination of temperaments and predispositions will be advisable.

Under such limitations and restrictions only can the letheon be regarded as a valuable or useful discovery.

*Academy of Medicine.*—The Academy of Medicine, to which allusion was made in former Nos. of the Journal, was organized by the adoption of a Constitution and By-laws, with great unanimity, on the 6th inst. On the 13th, the following officers were elected—Dr. John Stearns, *President*; Drs. F. U. Johnston, Thomas Cock, John W. Francis, J. B. Beck, *Vice Presidents*; Dr. F. Campbell Stewart, *Recording Secretary*; Dr. Wm. C. Roberts, *Domestic Corresponding Secretary*; Dr. Benjamin Drake, *Foreign Corresponding Secretary*; Dr. Robert Watts, Jr., *Treasurer*; Dr. Thomas M. Markoe, *Librarian*. Two hundred physicians have now attached their names as members. Its object is represented to be the separation of regular from irregular practitioners, as indicated by the fol-



lowing article, viz. :—" No proprietor or vender of any secret nostrum or patent remedy, nor any other empirical or irregular practitioner, shall either be admitted to, or retained in the fellowship of this Academy." The association thus formed is designed to be both literary and ethical.

*Delegates to the National Medical Convention.*—The Medical Faculty of the University of Pennsylvania, have appointed of their number, Drs. Chapman, Jackson and Wood, to represent them in the Convention in May next.

The Philadelphia Medical Society, at a meeting held November 21st, elected the following gentlemen as delegates to the Convention: Drs. Bell, Emerson, Isaac Parrish, West, Ashmead, Norris, B. H. Coates, Bond, S. G. Morton, Yardley and Griscom. There is still a vacancy to be filled up by the election of a delegate, so as to complete the number, twelve, authorized by the Society.

The College of Physicians of Philadelphia, at a meeting, Dec. 1st, appointed a delegation to consist of Drs. Hewson, J. W. Moore, S. Jackson (formerly of Northumberland County), Hays, A. Stillé, J. R. Paul, Pepper, Fox, Randolph, C. Morris, Condie and Bridges.

The Medical Society of New Jersey, which dates its origin from the 23d of July, 1766, and to age adds the merit of high standing among similar associations in the United States, has elected delegates to the Convention. The list consists of Drs. Smith and Peirson of Essex County, Marsh of Passaic, Stewart of Morris, Forman of Mercer, Parrish of Burlington, Taylor and Cooper of Camden, Garrison of Gloucester, and Howell of ———.

The District Medical Society of Burlington County has appointed, as delegates, Drs. Cole, Stratton, and Read.

The delegates of the Philadelphia Medical Society, and of the College of Physicians, have been directed, respectively, to make arrangements, in connection with the delegates that may be appointed by other institutions in the city, for the reception and a suitable place of meeting of the Convention.

The Vermont Medical Society has appointed Drs. Charles Hall, C. W. Horton, A. G. Dana, and Dyer Storer, as its delegates to the Convention.  
—*Bulletin of Med. Science.*

The Faculty of Geneva Medical College have appointed Professors Charles A. Lee, C. B. Coventry and James Webster, as delegates to the same Convention.

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TO SUBSCRIBERS AND CORRESPONDENTS.—Those subscribers whose subscription for the past year or for previous years is unpaid, are informed that their early attention to the bills which were some time since enclosed to them, will greatly oblige the publisher. Those at a distance can make remittances through their postmasters.—The papers of Drs. Flagg, Davidson, Hoyt and Mation, and one by "Claudian," are received.

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*Report of Deaths in Boston*—for the week ending Jan. 16th. 62.—Males, 33—females, 29. Stillborn, 7. Of consumption, 12—dropsy, 1—inflammation of the bowels, 4—inflammation of the brain, 3—paralysis. 2—delirium tremens, 1—disease of the heart, 4—dropsy on the brain, 5—typhus fever, 5—child-bed, 1—infantile, 8—marasmus, 4—bronchitis, 1—old age, 1—hip joint disease, 1—rupture of bloodvessel, 1—intemperance, 1—burns, 1—inflammation of the lungs, 2—suicide, 1—lung fever, 1—influenza, 1—diarrhœa, 1.

Under 5 years, 26—between 5 and 20 years, 3—between 20 and 40 years, 17—between 40 and 60 years, 10—over 60 years, 6.

*Memphis Medical College. Complimentary Resolutions of the Class.*—The students of the Memphis Medical College, having learned that Ethelbert Dudley, M.D., a member of the Transylvania School of Medicine, had—through the pages of the Boston Medical and Surgical Journal—for the purpose of injuring the Memphis Medical School, spoken disrespectfully of the then Professor elect to the Chair of Materia Medica and Therapeutics, of said School, assembled this day as a class, and through a committee, consisting of twelve members of the class, adopted the following resolutions:—

*Resolved*, That, having heard Professor Ramsey lecture upon the subjects pertaining to the Chair which he fills in this institution, we think our opinions are entitled to more respect than the unwarrantable surmisings of a prejudiced individual.

*Resolved*, That, inasmuch as several of the members of the present class have attended lectures very recently, at the Medical Department of Transylvania University, and other medical institutions in the Union—without intending to be invidious, Professor Ramsey, though “*Young*,” loses nothing by comparison with those occupying the same Chair in other schools.

*Resolved*, That the charge of inexperience and youth, preferred against the Professor of Materia Medica and Therapeutics, in the Memphis Medical College, has not disqualified him from rendering the most perfect satisfaction to this class.

*Resolved*, That Dr. Dudley would have shown himself and his advisers possessed of consideration, had he deferred an attack upon our professor, until his capacity as a teacher had been exposed to a class.

*Resolved*, That these resolutions be forwarded to the Editor of the Boston Medical and Surgical Journal, with a request that they be published.

*Memphis, Tenn., Dec. 28th, 1846.*

A. A. TERHUNE,  
*Chairman of Committee.*

*Dental Association of Ohio.*—This congress of western dentists is composed of members from the valley of the Mississippi. The second annual meeting, recently, at Cincinnati, was characterized by energy and a disposition to elevate the profession. Dr. Joseph Taylor delivered an excellent address. Dr. Allen, of the Association, has patented a dental improvement. Dr. Edward Taylor, of Louisville, Ky., was elected President. It was resolved to commence a quarterly publication, should a committee, to whom the matter was entrusted, think it advisable. The next meeting is to be held at Cincinnati, the first Tuesday in September, 1847.

*Medical Miscellany.*—Dr. Benjamin S. Muhlenburg, of Pennsylvania, has been appointed Surgeon in the U. S. Volunteer Troops; and Dr. George Dock, of Pennsylvania, Assistant Surgeon. Also Dr. James Davis, of South Carolina, Surgeon; and Dr. Elbert Bland, of South Carolina, Assistant Surgeon.—Dr. Wm. Morris has been elected Speaker of the House of Representatives in New Hampshire.—The Dental Journal of Science says that the first complete double set of artificial teeth worn in America, belonged to Aaron Burr, and was made in Paris.—One hundred and sixty students are in attendance on the medical lectures in Boston.—Fears are entertained that the cholera will soon reach Constantinople, where there is food in plenty for its destructive agency.



# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXV. WEDNESDAY, JANUARY 27, 1847.

No. 26.

## NEW OPERATION IN THE TREATMENT OF CARIES OF THE TEETH.

[Communicated for the Boston Medical and Surgical Journal.]

ONE of the most common operations in dentistry at the present day, is that which is performed for arresting the progress of caries by filling or plugging with gold the cavity which has been formed in the osseous part of a tooth by the progress of disease.

Much the largest number of cases which require this operation, are, when treated in due season, before the disease has extended to the nervous pulp of the tooth, such as can be treated effectually and with but very little if any pain to the patient. Teeth faithfully filled in this stage of the disease are found to be less liable to a repeated attack at the part operated upon, than at any other sound portion of the tooth.

But in order to prepare a diseased tooth for receiving the gold, or other metal employed for the purpose, it is requisite to understand and keep in mind the pathological state of the bone, and proceed on the well-established principle in surgery, in relation to the treatment of carious or necrosed bone, which requires that in order to place the healthy parts in the most favorable situation to heal, the diseased and perished parts which have not been, or cannot be, cast off from the adjacent healthy bone, should be carefully removed by instruments.

In doing this it has been found that a certain proportion of cases cannot be thus treated without approaching too near to the cavity of the nerve, or exposing it entirely, so that to fill the tooth in this state would but cause immediate or subsequent pain and inflammation, followed by ulceration, and if not relieved by the natural opening of an alveolar abscess (gum boil), the loss of the tooth would be inevitable.

It always has been a desideratum in dentistry to discover or invent some method or treatment which would effectually destroy the central nerves of such teeth, and render them susceptible of being filled and restored to usefulness. Drills and other small instruments were used to tear to pieces or extract the nerve, but except in those which have a single root and straight canal, this could not be done. All the common escharotics and caustics used in surgery for the destruction of soft parts have been tried, even the actual cautery (a red hot wire) was not passed unnoticed in these efforts; but all with only partial success. Various compound salts and essential oils, were repeatedly tried, with no better results. So that such cases became discouraging both to the patient and practitioner, and they were commonly given up.



About the year 1830 the white oxide of arsenic was introduced, and I believe first tried still earlier by Dr. Spooner, a scientific American dentist, in Montreal, Canada. This article was received into use with great caution on account of its potent and poisonous qualities ; but it was soon found that so minute a quantity would act effectually that there was not the least risk to any one, of being injured by it, if it were cautiously administered. And for a time every dentist who used it was led to hope, and some to feel confident, that the long-desired article for saving teeth which were diseased to the extent just mentioned, had at last been found, and indeed a very large proportion of such teeth as had to be extracted or left to be rapidly decaying and painful previous to the discovered effects of the arsenic, have been rendered comfortable, durable and useful.

But yet there has been something wanting to complete success in a certain proportion of such cases. Where the central ganglion or nervous pulp has been fully destroyed and the tooth filled in a perfect manner, there will succeed in a few hours, days, weeks, or even months after, soreness, pain, inflammation and swelling about the sockets, and, if the tooth be not extracted in season to prevent it, ulceration.

These evils have still occurred often enough to induce many dentists to spare their patients and themselves the vexation which they occasioned, and some have said to me, " I do not attempt to save such teeth, so often as I formerly did, the treatment fails in so many instances."

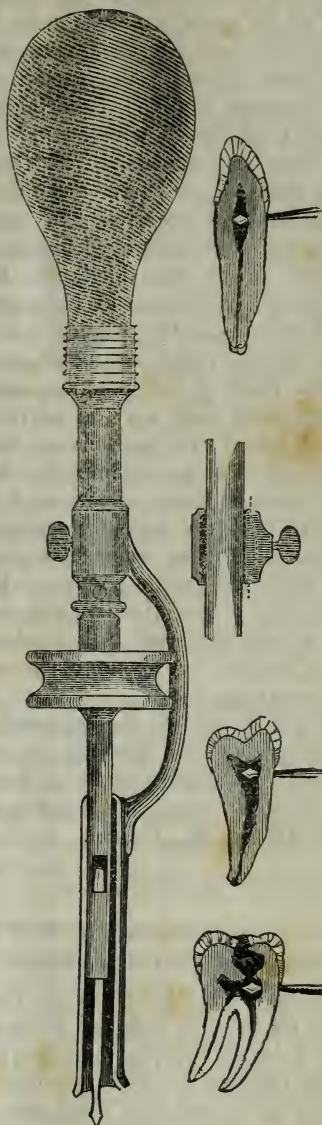
The questions naturally presented to the mind in regard to such cases are, What is the primary or principal cause of all these troubles ? What the operation of the cause ? If the nerve is simply destroyed by the arsenic, and the tooth not filled, there is much less frequently subsequent pain, though the tooth will be uneasy during mastication and rapidly decay. Filling the tooth, then, in this situation, is the primary cause ; and the following is the operation of it, in producing the successive troubles which occur. The natural canals in the roots of the teeth, occupied by the nerves previous to the application of the arsenic, cannot, except in a very few instances, be entirely filled in the operation of plugging. A cavity is hence left, minute though it be, and this is filled by the extravasated blood, or by some watery secretion. In some constitutions this will give no trouble, but in others become offensive, increasing so as to cause pressure on the soft tissues surrounding the extremity of the fang. Irritation first, with sense of fulness, occurs, then pain, the consequence of slight inflammation of the alveo-dental or articulating membrane. This membrane becomes thickened, the tooth is started slightly from the socket, feels loose and sore, inflammation increases and covers the whole of the fangs, extends to the gum which becomes swollen and tender ; pus being at length secreted, fills the whole canal in the fangs of the tooth, occupies the extremity of the socket, makes increased pressure on the inflamed parts, and if the tooth is suffered to remain long enough, either the plate of the alveolus and the gum over it become absorbed at some part and the pus escapes and gives relief, or the vitality of the whole articulating

membrane is destroyed by ulceration, the tooth remains as a foreign substance, and must be extracted before the part can heal.

The object I have sought, then, to prevent the commencement of these troubles, has been that of filling the tooth without closing or sealing the natural cavity or chamber of the nerve. For reasons which will be evident to every experienced dentist, this could not be done effectually by leaving the passage through the metallic filling. I therefore conceived the idea of drilling a fine hole in the neck of the tooth just beneath the gum and through into the natural cavity, at a point rather deeper than the filling should reach. [See sections of teeth in the engraving.] Through this artificial opening any fluid collected in the cavity of the fang would, as I judged, find exit; and the gun, acting as a flap or valve, would prevent all particles of food from entering the new orifice. All undue pressure from a confined fluid on the already irritated soft tissues about the extremity of the fangs would be prevented, and all the consequences resulting from it which have been mentioned above.

The result of my first operation in this way encouraged me to repeat it in similar cases, and I have now continued it for more than two years, saving, as I believe, more than two hundred teeth, which under any other circumstances I should have been obliged to extract. I do not know that I have failed of perfect success, but once; and on extracting the tooth, which became painful, I found that the drill had passed into a small caries peculiarly situated in the tooth, and which did not communicate with the natural cavity. I was therefore deceived in the operation.

Nearly a year ago I communicated the result of my experiments to



my brother—Dr. Flagg, of Philadelphia. He has since informed me that he had performed the operation in about twenty cases, all of which have been successful.

It will be seen that in this operation the perforation is made through a part of the tooth which is least liable to be destroyed by the disease, a part which, with few exceptions, remains sound while the whole crown is destroyed, and while the interior of the fang is wasting away. During the operation of filling, I place a metallic pin where the drill has passed, which is afterwards withdrawn.

I have been successful with this new mode of treatment, not only in those cases where I have made the perforation previous to filling, in order to prevent the occurrence of subsequent pain, but in those where the nerve has been destroyed by the ordinary progress of the disease or by caustic and the tooth filled, pain has followed months or years after, with sufficient inflammation to have caused the loss of the tooth, if relief had not been obtained by passing a drill into the root; and this has been sufficient without removing the filling.

The result of this practice, therefore, authorizes me to say, that I am confident all teeth may be saved by it, and be rendered comfortable and useful, which have not been neglected so long that ulceration has already taken place, or the inflammation has become so great that it is inevitable.

In most of these operations, I have used the simple instrument with which I drill the roots for setting artificial teeth, holding the lips of the patient aside when requisite, with my finger, or by the aid of a speculum oris contrived for the purpose. But there has been some inconvenience and awkwardness attending this, and I have lately constructed an appendage to my drill-stock, which operates perfectly as a guard to the lips in this operation. A sketch of the whole instrument is given in the annexed engraving.

It will be seen by the engraved figure of the instrument, that the drill is intended to turn freely in the semi-cylindrical portion of the guard; and that the whole guard may be moved, as the drill passes deeper into the tooth, by means of the screw at its upper extremity. J. F. FLAGG.

31 Winter St., Boston.

#### PARASITES IN THE CELLULAR TISSUE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Believing that cases like the following are of rare occurrence, from never having met with any account of them in medical journals, or treatises, I transmit to you the following details, with the hope that if anything of the kind has occurred to others, they will favor your readers with some history of it, and any information they may possess in relation to the origin and nature of such parasites as infest and *traverse* the cellular tissue.

On the 7th inst., I was called to see a boy of 4 years of age, troubled with something travelling about under the skin. His mother told me that



ten days ago he had first complained of a gnawing, burning pain on the anterior part of the right shoulder, and that on examination she detected a hard substance immediately under the skin, which she supposed to be a splinter, although there was no wound in the vicinity through which it could have been introduced. In a day or two after, the child again complaining of the pain, she examined the part, and found that the foreign substance had changed its position, having advanced about two inches along the clavicle, its source being indicated by a livid mark, such as is occasioned by a blow from a small rod. In three days the line extended nearly to the top of the sternum, and here two small apertures, about half an inch apart, were made. The woman having exposed the boy's chest, I could distinctly see the cicatrices of the two apertures. From this point, the worm, as the woman now believed it to be, turned downwards, passing parallel with and to the right of the sternum, to near its lower extremity, where it diverged to the right, passing under the breast, and upwards under the arm-pit, over the lower angle of the scapula, to the spine. Here the discolored line that had followed its course ceased, and the only indication of the creature's progress was the gnawing pain over the left scapula, and under the left arm-pit, when it again emerged to the skin, the blue line re-appearing on the left breast a little above the nipple. It now crossed the sternum, intersecting its former track, and advancing about two inches turned upwards and to the left, crossed again its first track by the sternum, and perforated the skin near the superior extremity of this bone. The mother now attempted to extract the troublesome traveller, but he eluded her, and although transpierced several times with a needle, and experiencing other rough usage by compression upon the bone and pinching between the fingers, continued on his way with his energies apparently unimpaired.

He now advanced along the left clavicle, and having reached a point on the left shoulder corresponding to that on the right where he had first been observed, he stopped and began to retrace his steps. He now again opened for himself an outlet, through which the friends of the patient again endeavored to eject him, but with no better success than before. Continuing his retrograde course, at the distance of about an inch from the first, he opened another aperture, and still advancing perforated the skin again at about the same interval.

The last hole had been made on the morning that I was called to see him. The scars of all the apertures that had been made were distinct, and six in number. The traces of his course under the skin, marked by the blue line, had faded out, except in the parts that had been recently traversed. On examining the last aperture that had been made, I could feel a hard body close to it, and on pressing it towards the orifice could distinguish a gelatinous substance near the bottom of it. I seized this with a pair of dressing forceps, and easily extracted the cause of all the trouble. It appeared to be the larva of some insect, closely resembling that met frequently with in apples and other fruits. It was translucent, and of a gelatinous consistency. It seemed to be composed of a series of rings—ten in number—tapering from the middle to both extremities,

which to the naked eye appeared alike and pointed. The circumference of the middle was about that of a crow quill, and its length two thirds of an inch.

The whole distance traversed by this animal, after it was first observed, I found by admeasurement to be *forty-three* inches.

P. S.—Jan. 8. I regret to inform you (from fear that the case is getting to be a common one) that another insect of the same description was extracted this morning from the scalp of the same patient. It had journeyed from a spot, a little behind the right mastoid process, to the crown of the head, where it made an aperture similar to those made by the other, through which the mother of the boy easily extracted it.

Gloucester, Jan. 8, 1847.

Respectfully yours, &c.

H. E. DAVIDSON.

### MESMERISM AND CLAIRVOYANCE IN NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

A PATIENT of mine, a Mr. B., who is a very intelligent gentleman, and has paid enough attention to the profession of medicine to know its inefficiency in certain cases, and understands mankind enough to be aware of the facility with which the mass can be deceived; has had for many months, attacks, more or less continued, of pain in the left side of the head, which have frequently disabled him. At first I was afraid of some injury to the substance of the brain; but for some time past I have been free from fear on that point, and have been satisfied that it was more a rheumatic affection of the muscles and membranes, for there has been good general health, notwithstanding the continued attacks of the pain.

In treating this gentleman, I always explained, if he did not perceive, the reasons for whatever I did, and we went on satisfactorily in our course of treatment, because we understood each other and were agreed. However, as he did not get well, his friends became impatient and wished other advice to be taken. To please them, he wore Christie's galvanic rings, and took his galvanic bath, to no purpose, except to put five dollars into Christie's pocket; and next, he was pushed hard to pay a visit to a mesmeric doctor, whose clairvoyants never failed to make out what was the matter, and whose prescriptions never failed to cure.

One morning he and I agreed to go together to one of the most celebrated of this class, and have a mesmeric examination of his case. On arriving at the house, we were received by a very plain, unpretending old man, who has more of the farmer than the doctor in his face and manner, and appeared much more likely to be duped himself than to dupe any one. We had to sit for half an hour, while some one else was being examined; and during this time, we were observing and noting what went on. Most of the persons who came, or were about, were women—"the weaker vessels," as Paul has it, and some of them were "weak" enough.

The folding doors now opened, and we had a view of the doctor's

sanctum. He informed us that he must fetch another clairvoyant, for the one he had just been operating with, had been put to sleep three times this morning, and was considerably weakened. He went out and brought in a tall, common-looking young woman, whose manner was very pert and saucy, and who had in her hand a basket and key. She tossed her head, and appeared to be very consequential in a small way. The doctor requested her, very civilly and mildly, to fetch him something, and she snapped at him like a cat at a fly. The doors were shut and opened again, when the doctor requested us to walk in, and we saw the lady seated in her arm-chair, ready for operations.

The doctor stood at the distance of a couple of yards, and made many passes with his magic hands, when the lady soon went off, to all appearance, to sleep. I sat close by, observing the operation. My friend was requested to sit by the lady, that she might examine his case, as she was now ready for her performance. The doctor asked her to say what she saw in this gentleman, and sat down with pencil and paper to record the revelations of science. She said the liver was hard and large, particularly the left lobe. The bile was thick, dark and copper-colored-like, and did not flow freely. There were dark-blue and black spots on the lobes of the liver, and there was a poor and obstructed circulation of black blood, and the bile did not get formed properly-like. (She seemed to have a great liking for the word *like*.) How is the stomach? said the doctor. She said it was larger than it should be; had a great deal of dark yellow, copper-colored-like fluid; she supposed it must be bile in it; the food did not digest—and *it hurts me when I take my breath*. The doctor explained to us, that *she felt* what *my friend felt*.

"Will you look at the spleen, now?" said he. She said, "There's a kind of eruption about the coats of the spleen, something pock-like, and very nasty; and there's a thickish, yellowish-dirty fluid in it, that does not flow easily." "I feel uneasy and swelled under my ribs," she said. "How are the ligaments?" said he. She replied, they were affected with an eruption in the same manner. (Every now and then the doctor asked explanations of what she said, and her replies were very colloquial, just as much so, as if she were talking in an ordinary manner awake; but the revelations were in one particular tone.)

"How are the lungs?" said the doctor. She replied, "They are sound, but the bag in which they work is dry and husky-like, and there are some little spots in them, but they are not like tubercles; but they don't let the lungs move easy-like." "Oh my! how it hurts me to talk! I don't like to talk. I want to be alone. I don't like company!" (She is now expressing your feelings, said the doctor.) "How is the heart?" said he. "Oh, it does not move easy; the blood is thick, and the bag is dry and husky-like, and I don't feel easy about my heart. It swells-like, and seems of a sort of fulness." (That, Sir, said the doctor, is what you feel.)

"Have you looked at the spine?" "Oh, it looks thick and full and swelled-like. The nervous fluid is thick and yellow darkish-like, of a coppery color; and the spine is painful from the shoulders to the middle of my back, and I can't stand it long." ("She is now feeling what you feel," said the doctor.)



"Did you look at the head"? said he. "The brain is healthy, but the nervous fluid *ain't*, for it's dark and coppery colored-like, and the blood is thick and dark, and don't circulate well. That great vein at the base of the brain can hardly send the blood along at all, it's so thick, for such a pain just come in my temple."

"What condition are the bowels"? said he. "They're dry and weak, and the blood don't circulate in them well, and there's a darkish colored fluid in them, for they don't digest the food properly, and they're bound and costive. I want to wake—I don't want to be here any longer, nor to be asked any more questions." "Well, well," said the doctor, "wait a bit, and you shall wake." Then turning to my friend, he said, "Would you wish her to prescribe for you"? "No," said my friend, "she has utterly failed to detect my case. She has mentioned much of which I am unconscious—but that of which I do complain and have complained for several months, she has not alluded to."

"Failed to detect your case! Sir, that's impossible; she has told you your case, and if you will let her prescribe for you, she would soon cure you." "No, I thank you," said my friend. The doctor then taking her by her thumbs, and putting his hands to the back of her head and nose and forehead, she soon opened her eyes and rose up. Immediately on rising, she asked what they were to have for dinner, and requested money for a beef-steak, which she obtained, and set off to make her purchase. The doctor reprimanded my friend for saying she had failed to detect his case, telling him no clairvoyant could fail—'twas impossible; that they were the only persons who could detect disease, and that a hundred of them would all tell the same thing. My friend replied that if they did all tell the same, they would certainly all be wrong, for she was, as she mentioned a number of things, all of which were notoriously untrue; and the thing of which he complained, she had not so much as glanced at.

The old gentleman insisted upon it, that she must be right, because the clairvoyants were the only persons who knew anything about disease—and they were all agreed. That whatever else he might have, arose from this state of things in his system—and that it was impossible for a man to be well with a body in such a state as his was.

"But," said my friend, "I am not what she represents. I eat, digest my food, my bowels are regular, have none of the pains in my body which she described, enjoy conversation and company, and am the very opposite of what she says. There is but one thing the matter with me, and that thing she has not discovered."

The old man insisted that she was right and he was wrong. I put in my testimony, saying I was his medical friend, and had never found out these symptoms put down to him, nor did I ever hear him complain of them, but that he complained of one peculiar pain in one peculiar place.

"Then," said he, "why don't you cure him"? I replied that the knowledge of evil and its cure did not always go together. He said if I had known what was the matter, I should have known the cure; for they (mesmerists) always knew the cure when they knew the disease. He

then commenced a tirade on my class—told me the clairvoyant knew I was a physician before I came in, and if she could know that, she could know anything else; that the doctors were an ignorant, impudent set of vile pretenders, who took the money out of people's pockets without rendering any service whatever; that they could neither teach nor learn—and were the most abominable pests and nuisances of society. He then demanded a dollar of my friend, which being paid, he abused us both to the door, and slammed the door after us.

My friend and I congratulated ourselves upon having had so much for a dollar—I saying I should want five for so much abuse—he saying he thought he should hardly like to give it for ten. So much for mesmerism and clairvoyance.

J. H. S.

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#### CASE OF COMPOUND FRACTURE.

[Communicated for the Boston Medical and Surgical Journal.]

SINCE reading the excellent address of W. J. Walker, M.D., on compound fractures, whose opinions on this subject are peculiarly entitled to a favorable reception by the profession, I have thought a case which occurred in my practice, while at Framingham, might not be altogether uninteresting to the readers of the Journal, in corroboration of his views relative to saving limbs which are badly fractured. I have no doubt many limbs, which might have been saved, have been sacrificed to the shrine of ambition by the young surgeon, who may wish the fame of being a good operator. I have noticed, in the vicinity of some surgeons who have the reputation of being good operators, there are more people who have lost a leg or an arm than in other regions. I will not say that these limbs have been unnecessarily sacrificed; but it proves one of three things, viz., that accidents occur more frequently in those regions, requiring operations of the kind; or that the patients of other surgeons have not recovered; or that limbs have been unnecessarily amputated.

In the month of February, 1843, I was called to see a son of Nathaniel S. Falkner, of Framingham, aged 6 years. A few minutes before I saw him, he was in the street, when a team was passing with a heavy waggon loaded with a cord and a half of green chestnut wood, and, as roguish boys are apt to do, he stepped up behind one of the oxen and struck him. The ox, resenting the blow, kicked the boy immediately before the wheels, both of which passed obliquely across the thighs. The road was composed of hard gravel, and a narrow rut worn down from three to four inches deep. The place of injury of the left thigh was near the middle, and that of the right below the middle, including about one third of the whole length of the thigh. In viewing the limbs sideways, they appeared about as thick and as flat as the open hand. No pulse could be felt in any part below the place of injury in the right limb. It was cold and livid. In examining the place of injury, I found bone crushed in pieces, the integuments torn through, and the lower fragments had been driven through the pantaloons into the gravel. Some of

the marrow of the bone was found on the pantaloons. The left limb was not so severely injured. Pulsation could be detected in the foot, and the femoris was broken in two places, corresponding in distance to the width of the wheels. I had no fears but this limb would do well enough, provided there was no other injury. But what was to be done with the other limb. The boy was cold and pulse feeble, evidently in such a state that the shock of the operation of amputation would not be borne well. I therefore decided to place the left limb in as good position as possible, and accordingly dressed it with the many-tailed bandage, and suitable splints, and laid it over a double-inclined plane. I then removed all of the pieces of bone appearing to be loose, and all of the sharp points likely to prick the soft parts, and laid it in nearly a straight position, and enveloped it in cotton to keep it warm, leaving the opening through the integuments in such a position as to allow of the draining of the wound, determining that if, when the boy revived from the first shock of the accident, circulation and sensation did not return, to amputate. In about six hours the limb became warmer, feeble pulsation could be felt in the ankle, and sensation had partially returned; the leg was less livid.

As the circulation at this time seemed to indicate that the large vessels and nerves were not so injured as to prevent their proper functions being performed, and relying very much on the previous healthy condition of the boy, and the intelligence of his parents to take suitable care of him, I determined to make an effort to save the limb. There was sufficient discharge of blood from the wound for forty-eight hours to prevent much fever or much inflammation of the part injured. He was gently purged every day during the first week with sulph. mag., and his diet for the first four days, one half pint of water, and one half of a common cracker per day; and during the next four days, he was allowed the whole of a cracker per day, with as much water as he chose to take. After the first eight days he was allowed to take rye mush and milk, and other light food in abundance. On the tenth day the right limb was placed over a double-inclined plane in the same manner as the other, with the provision of an opening in the board to facilitate the draining of the wound. Abundant suppuration took place, the wound filled up rapidly by granulations, and not a single unfavorable symptom occurred during the whole course of treatment, and in twelve weeks from the day of the accident the boy walked to school, a distance of thirty rods, with as good and handsome pair of limbs as any other boy possesses, with the exception of the right limb being about half an inch shorter than the left. I make no comments on the case, merely stating the facts, and shall let others judge as they may as to the correctness of the practice.

*Charlestown, Jan. 13, 1847.*

OTIS HOYT, M.D.

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#### EPIDEMIC ICTERUS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of January 13, I saw a notice, by Dr. Brown, of Wilmington, Ms., of an epidemic which is prevailing on the Merrimac



river. In answer to his inquiry, and for the information of others, I would say that the same disease is now prevailing here, and has been since July or August last. The symptoms are similar to those enumerated by him, as chills, re-action, headache, nausea, scanty and very high-colored urine, strong icteric hue of the whole surface and conjunctivæ, and, in some cases, pain and tenderness in the gastric and hepatic regions. The biliary organs seem to be the seat of the disease, and an epidemic influence its cause. We have had an unusual amount of dry weather during the latter part of summer and fall, followed or attended by this epidemic. In what relation they stand to each other, I will not conjecture. One thing, however, is certain, it is not endemical to the Merrimac region. It has visited, so far as I have learned, every part of this State, the sea coast as well as the interior; and its popular name, "*yaller complaint*," is as familiar to all, as the "*Tyler grippe*" was in 1842. I said it seems to be epidemic, but the cause of this epidemic does not so easily appear. It is another of those secret agents which "walk in darkness," and is, therefore, not to be reached by mortal ken. That it is contagious I have no reason to believe, although it often attacks the members of a family in succession. I treat it with an emetic of ipecac. when the stomach is oppressed, followed by a mercurial purgative, and afterwards laxatives, as castor or olive oil, with or without a few grains of pil. hyd. daily, and a liquid farinaceous diet. Would not the "fluid ext. of senna and taraxacum," of E. Dupuy, New York, be an eligible and useful remedy in this disease? I would join with Dr. Brown, and say, that any information in relation to the extent of this singular disease would be gladly received.

H. N. MATISON.

Centreville, R. I., Jan. 15, 1847.

## ECLECTICISM.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is no truth in the prevalent opinion that physicians of the old school are the blind votaries of any exclusive theory, or the indiscriminate slaves of any aphorism. Those who are worthy of recognition among practitioners of rational medicine, by their education and habits, are uniformly eclectics, so far as they can be designated by a patronymic name. They are lovers of the truth in science, as well as in ethics, and wherever they find truth in theory, or corresponding utility in practice, they embrace the one and adopt the other, irrespective of the medical sect or clique who claim to have originated or revived the improvement. Hence they only have just claims to the merit of keeping pace with their profession, who thus superadd to the established literature and acknowledged resources of the art, whatever is either true or useful in any of the novelties proposed to the profession, whether at home or abroad. Such men are free from any entangling alliances to authorities, even to those of venerable and venerated names, and, wearing the livery of no party, they are wedded to no medical creed, however ancient or popular, except

so far as they have proved it to be both true and useful. Success is the only criterion by which they test the value of remedial agents of every kind, and they have the highest possible motives for availing themselves of everything new, which can subserve this end, and pass this ordeal.

It is thus that homœopathia has been weighed in the balances and found wanting by so many enlightened and honest men in both the old and new worlds. Nor has the formal rejection of Hahnemannism, by our medical schools, been the result of *a priori* reasoning, assuming rational medicine to be the standard, and hence condemning it *ex cathedra* because of preconceived prejudices. But the new theory has been subjected to logical ratiocination, and shown to be baseless, by overthrowing the "false facts" whence it is derived, and demonstrating that they existed only in the fanciful imagination of the seer. And, next, the practice itself has been diligently and faithfully subjected to repeated trials, upon the sick and upon the healthy, and by this *experimentum crucis* the utter inefficiency and inertness of all its potenzen to produce any appreciable effect upon any one of the living tissues of the human body, has been placed beyond the shadow of a doubt. Such having been the decision of eminent men, in Europe and America, after full investigation, the profession, as such, cannot countenance the theory thus ascertained to be false, nor connive at the practice shown to be worthless, by mathematical demonstration, without sacrificing all that is true and useful, at the shrine of a doctrine which has no pretensions either to truth or utility.

If the public at large could be made to understand the true issue between the profession and those who profess to practise homœopathia, they would honor the motives of those who withhold all fellowship or recognition from the new sect, and refuse consultation with any of them. Nay, more, they would be assured that whatever in this or any other new system is either true or useful, will be forthwith embraced by the eclectics, whose *interests* will prompt them, if the obligations of truth and honor be supposed to be absent, to adopt any new theory or practice, which promises success, this being the sure passport to enduring popularity, and ample recompense. But duty and conscience will constrain such men as value their own reputation, and prize the treasure of self-respect, to withstand the evanescent eclat with which any novel doctrine is greeted by the multitude, when they have the sagacity to perceive that the reign of popular delusion must be short-lived, as soon as the topic of their temporary acclamations is found to be neither true nor useful. Such men can afford to stand upon their dignity, and bide their time, upon the conceded principle that "every dog has his day," and that every man in our profession will find his level, nor have they any misgivings as to the result.

Already the "coming events cast their shadows before," as may be seen in the waning confidence of the public in the new system, by the uniform abandonment of homœopathia so soon as real or apparent danger to life is indicated in disease. In such instances, physicians are summoned in lieu of the homœopaths, whose craft participates in the danger of

the patient, until the moment of alarm is the signal that "Othello's occupation's gone"! Indeed, it has grown into an axiom with men of sense, whose families have been enamored with the sugar pellets, "when there is nothing the matter we have a homœopathic doctor; but when any one is sick, we send for a physician"! But the sect seldom betray any offended dignity at this left-handed compliment, so long as they can be retained and pocket their fees in the humbler capacity, giving place to physicians when danger appears. Though, to escape this humiliation, there are many who will so far yield to the stress of circumstances as to change the practice to what they call allopathic remedies, rather than lose their hold upon their families, whatever becomes of the patient. Indeed, not a few of the sect cater to the prejudices of their patients, by professing to adopt either system, and treat diseases according to order, either by the lancet, antimony and mercury; or, if desired, by medicated pellets of sugar of milk! The claims to honor or honesty on the part of such, cannot fail to be at a discount among all who think.

Eclectic physicians have been disappointed in not finding in homœopathia a single new idea, either pathological or therapeutical, of which they can make any practical use. And yet there are some hints in the writings of Hahnemann, and others of his school, which may be improved, though merely negatively; and of these few grains of wheat in the bushel of chaff, it may be worth while to speak, in proof that there is no system of either medicine or religion so bad, but that something good may be got out of it.

In the first place, we may learn that greater attention to diet, regimen, temperature, &c., is called for in modern practice, than is usually paid to these items; which indeed may be an auxiliary to medication, and often a substitute for it. Secondly, we are taught that in chronic and even sub-acute diseases, when the vital organs are unimpaired, there is a hazard of yielding to the patient's desire for taking medicine beyond either necessity or propriety. Thirdly, we should be more studious to prepare our drugs in less nauseating and forbidding forms, so as to render taking medicine less offensive to the stomachs of our patients, thus avoiding the carelessness on this point which has become a fault. These negative hints are all that can be derived from homœopathia, which can be rendered available, and none of these are new, for they are such as ancient physicians speak of in all their works. In fact, Dr. Hahnemann and his system is only a revival of the old doctrine of the *vis medicatrix nature*, improved by the super-addition of ingenious devices to amuse and mystify the patient, by seeming to do something and yet do nothing, thus "throwing out a tub to amuse the whale."

The case is very different with the system of Dr. Priessnitz and his followers of the hydropathic school. For though theirs is but the revival of the ancient system of treating all diseases by substituting water for drugs, yet there is much in the results of their theorizing and practice which commends itself as both true and useful. The name they have given to their system is an improvement upon the old nomenclature of hydriatria, hydrosudopathy, and hydrosudotherapæia, for these were the



ancient designations of the sect. Moreover, they employ water in adaptation to the pathological state, and demand in their practitioners a thorough professional training, as a prerequisite to the necessary discriminations of the morbid states of the system, for which the water cure is appropriate. For though the modern reviver of the practice is himself without such qualification, yet he claims to have acquired his tact at discrimination, and skill in employing water, in the school of experience, and has not been slow to avail himself of all the scientific knowledge within his reach. Unlike Hahnemann in this respect; for the latter, it is well known, rejects "all the learned lumber of the schools," a lumber, by the way, of which many of his disciples are happily exempt.

The value of cold and warm bathing, general and local, is less highly estimated in general practice, in modern times, than it was in the olden school of physicians, and for a series of years there has been a tendency to overlook the functions of the skin, which is to be regretted as a departure from the teachings of rational medicine. In these respects, eclectic physicians have learned a useful lesson from the hydropathic revival, and, availing themselves of the hint, an improvement among them has been manifest. So also the cold regimen, and cold affusion, in the treatment of exanthematous fevers and diseases characterized by high temperature of the surface, though as old as Sydenham, and recognized as introducing an epoch in rational medicine, have not until lately been employed to the extent of which these remedies are capable of being useful. Physicians of the eclectic school have therefore, in some instances, countenanced the hydropathic practice as auxiliary to other remedial means, and adopted in many cases a modification of the water cure as in harmony with rational medicine. While the importance of active exercise in the open air, on the part of invalids, enforced by Priessnitz as an indispensable part of hydropathy; and the advantage of coarse fare and hard beds, as an adjuvant to the tonic effects of the cold douche or shower-bath, are so obviously calculated to be useful, they have learned to appreciate these means by the example. The public, therefore, may not have suffered by the introduction of hydropathy among us, except so far as any have been led to rely upon it, to the exclusion of other agencies. For it is this exclusiveness and indiscriminate employment of any one class of remedies, and a reliance upon these alone, which is to be deprecated, for the reason that there are morbid conditions of the human body in which either the external application of cold or hot water must be dangerous to life; and the same is true of every other potent remedy used in any school of medicine, since they may all be contra-indicated by existing pathological states. To discriminate these, is the province of rational medicine; else, "what is one man's meat, may become another man's poison," and remedies which are successful in one patient, may be fatal in another having the same disease, without there being any apparent obvious dissimilarity. He, then, who presumes to prescribe any class of remedies for disease, without reference to the pathological state, or without being qualified to detect local lesions, which may contra-indicate his remedies, is not a physician, to whatever old or new school he may claim

allegiance. Recovery from danger under such management, if it occur, is an extraordinary escape, not a cure; and the most that can be predicated of such an example, is that the patient got well in spite of the doctor. Examples of such recoveries might easily be furnished. R.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 27, 1847.

*Births, Marriages and Deaths in Massachusetts.*—The Secretary of this Commonwealth makes a report annually to the Legislature, of all the births, marriages and deaths, which have been returned to him from the city and town clerks, and such other officials as are authorized to make these returns. No one believes the document to be just what it should be, in point of completeness, but it is gradually, from year to year, approximating that degree of accuracy which the law contemplates. To show that the returns are imperfect in one respect, the fact only needs to be stated, that, according to this document, there were but twenty-nine marriages in Boston in 1846. In many cases this class of statistics cannot be collected, in consequence of the utter indifference of the inhabitants to the subject. The following are specimens of the interest taken in registration. From Chelsea, a thickly-settled place, two miles north of Boston, the proper officer sent a note of this kind—"I presume many deaths have taken place in this town, of which, as yet, I have no record." Chelmsford—"Probably the whole number (deaths) would not vary far from thirty. One of the sextons made no returns." Gardner—"The births were not all returned this year." Lancaster—"No returns of births received from the school committee."

We can only express a hope that this matter will finally receive that attention which its importance merits, both from the people of Massachusetts at large, and those whose duty it is to collect the information and transmit it to our indefatigable Secretary of State.

*Excision of the Submaxillary Gland.*—At the Laporte Medical School, Indiana, on the 16th of December, Dr. Shipman operated upon a young man of 20 years, who had a scirrhus enlargement of the submaxillary gland, which had been of about three years standing. There had been a gradual enlargement of the organ, attended by no pain or inflammation, but accompanied by several smaller tumors in the neighborhood.

"An incision was made about two inches long over the tumor, and it was carefully dissected out from the sheaths of the large vessels of the neck. This part of the operation was very delicate, the knife being carried close to the carotid artery and internal jugular vein; and when the tumor was removed (which occupied only about three minutes), the artery and vein were laid bare for the space of two inches, and the artery was seen plainly, palpitating at the bottom of the wound. The patient did not lose a spoonful of blood—only one artery being tied (the facial)."

*La Lancette Canadienne*.—A new bi-monthly sheet has appeared at Montreal, under the editorial care of J. Leprohon, M.D., exclusively devoted to the interests of medicine and surgery and published wholly in the French language. The specimen No. is well made up—the contents of which the following is a summary, viz., “Accouchemens : Dangers et Difficultés de la Version, Provenant de la Contraction brusque de l’Utérus sur le col de l’Enfant. Accouchemens avant Terme et Fausses Couches. Hémiplégia Faciale Spontané chez un Nouveau-né. Présentation de la Face. Prospectus. De l’esprit d’observation. Correspondence Médicale. De l’opération du bec-de-lièvre et de son opportunité. Académie des Sciences. Revue Générale.” “L’abonnement est de quatre piastres par année, payable par semestre et invariablement d’avance.”

The novelty of having a respectable Journal in the French language will undoubtedly have a strong influence in gathering a large subscription in Lower Canada, where only a few, comparatively, of the practitioners of medicine, speak English. From the character of the enterprise, sustaining, as it will, whatever is sound in science, and spreading abroad at the same time the local matters of professional life in the provinces, it would be a reproach to the intelligence of that respectable body for whom it is especially designed, if it should fail of being generously sustained. Medical gentlemen in the States, who are ambitious of keeping alive their knowledge of a language which Napoleon once intended should become universal, will find *La Lancette* an agreeable and instructive periodical.

*American Missionary Physicians*.—In the last *Missionary Herald*, there appear the names of eleven medical practitioners, who have devoted themselves to the arduous labors and responsibilities of the missionary service : viz., Newton Adams, M.D., stationed at Umlazi, Southern Africa ; Azariah Smith, M.D., at Erzeroom, Western Asia ; Henry A. DeForest, M.D., at Beirut, and C. V. A. Van Dyck, M.D., at Abeik, Syria ; Austin H. Wright, M.D., at Oroomiah, Persia ; John Scudder, M.D., at Madras, Southern Africa ; Dan P. Bradley, M.D., at Bangkok, Siam ; Dyer Hall, M.D., and Peter Parker, M.D., at Canton, China ; Seth L. Andrews, M.D., at Kailua, Dwight Baldwin, M.D., at Lahaina, and John W. Smith, M.D., at Koloa, Sandwich Islands. Among the Oregon Indians, Dr. Marcus Whitman is stationed. Among the Cherokees, Dr. Elizur Butler, and amongst the Sioux, at the Indian town of Kapoja, Dr. Thomas S. Williamson.

These are self-sacrificing men, who have left the society in which they moved at home, where civil and religious liberty is fully realized and enjoyed, to reside with savages or the demi-civilized. For the purpose of administering to the physical and moral diseases of the poor and ignorant, the oppressed, and the sufferers by false systems of religious belief and bad human government, these devoted men have left all the endearments of friends and country. May they enjoy the satisfaction of finding that they can heal the sick, and that they can teach, by their precept and example, both civilization and the true way of worshipping the author of our existence.

*History of Chemistry*.—Prof. Draper’s introductory to his present course of lectures in the University of New York, on the history of a



science of which he is a distinguished and devoted expounder, is in admirable keeping with all his previous efforts. Industry is the power by which the highest eminence is attained in any department of life—and industry is one of the characteristics of Dr. D.'s mind. The world has a right to expect great things from him in future. The true way of giving interest to a really important subject, is to show the people that their comfort and happiness will be promoted in exact proportion to the care they bestow upon it. Chemistry must be made a plain matter for unsophisticated men, and Professor Draper must not forget the opportunity that presents itself to him of assisting greatly to do this, and he will thus raise a monument to his own fame.

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*Diseases of the Neck of the Uterus.*—This is a compact duodecimo of 146 pages, containing a large mass of information in a small space. Nothing superfluous has been allowed to have place; hence those who consult the treatise may be sure that nothing is introduced unnecessarily to swell it into the size of a respectable library book. The title runs thus, viz., "A practical treatise on inflammation, ulceration and induration of the neck of the uterus, with remarks on the value of leucorrhœa and prolapsus uteri as symptoms of uterine disease. By James Henry Bennet, M.D." The author enjoyed rare opportunities of making himself familiar with this department of professional knowledge, which is apparent in every topic presented to the reader. The trade in pessaries would be spoiled altogether, should his opinions be universally adopted, which would make the Alexanders—the coppersmiths—cry out for the rights of the ancient craft. However, the proverb says that one swallow does not make summer, and we shall not go to war with them on the testimony of one witness. This, too, may be had at Mr. Mussey's, Cornhill.

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*Smith's Minor Surgery.*—Messrs. Barrington & Haswell, of Philadelphia, have quite recently brought out a second edition of the popular production by Henry H. Smith, M.D., of that city, called "Minor Surgery, or Hints on the every-day Duties of the Surgeon, having numerous additions—the whole being illustrated by two hundred and twenty-seven engravings." Compared with the first issue, this is evidently far superior in a variety of respects. No operator, however eminent, need hesitate to consult this unpretending yet excellent book. Those who are young in the business would find Dr. Smith's treatise a necessary companion, after once understanding its true character. Minor surgery, humble as it may seem, is, after all, the major part of every surgeon's practice. All the general practitioners of the United States are engaged in a constant routine of slight operations—in common estimation, perhaps, trifling. This being the case, the work under consideration is an every-day book, which we may all consult with advantage. Not one in the hundred of those who buy the great works on surgery, ever amputates a limb or cuts for the stone. The plates show the position of the hands in adjusting parts; the position of apparatus; the arrangement of bandages; and, in a word, it is an admirable digest of surgery, which should be on every physician's table.

*Insensibility by Inhalation of the Letheon.*—A case is reported in the New York Medical and Surgical Reporter of Jan. 9th, by Dr. C. T. Collins, formerly editor of that periodical, in which the operation for the removal of a scirrhus mamma was performed by him while the patient was under the influence of the letheon. The operation lasted from six to ten minutes, during which the patient "was entirely unconscious of what was going on," and no unpleasant symptoms ensued. Dr. Collins adds some remarks respecting the propriety of using this new auxiliary in surgery, on account of its being patented. We give his own words on this point in the following quotation, which is all we have room for.

"Now if this is quackery, as intimated by two medical men who seem to me rather more nice than wise, then I am bold to say that I shall use the same means if again placed in the same circumstances."

"I have seen some articles written against the use of this new discovery, as it is called, on the ground of its savoring of quackery; but I am persuaded that such writers do not fully understand the feelings of those who have used it. They would say to Drs. Mott, Warren, Cox, Hayward, Bigelow, Post, Rogers, Peirson, and numerous others, let your patients, who fondly look to you for relief under the most trying circumstances, die rather than use anything which you do not fully comprehend! I believe that it would puzzle even these severe critics themselves to tell what compounds some of their own prescriptions make, or their *modus operandi*. Because one man chooses to make a little speculation in the use of sulphuric ether, or his peculiar manner of administering it, are all others who resort to it from higher motives to be called supporters of quackery? Or where is the physician who knows all the different effects upon the animal economy in a normal and abnormal condition, of half the remedies that are to be found placed in the *Materia Medica* as legitimate agents? Such persons, I think, are few. I am not arguing in favor of secret remedies, or patent rights, for I detest them in medicine as much as any one."

The New Orleans Medical and Surgical Journal, edited by Drs. Carpenter, Fenner, Harrison and Hester, disposes of the matter by quoting the article from the Philadelphia Medical Examiner, which was copied into our Journal of Dec. 16th, to which the New Orleans Editors give the following brief but emphatic introduction.

"We fully concur in the remarks of the editor of the Medical Examiner respecting this *new discovery*. We have read Dr. Bigelow's paper in the Dec. No. of the Boston Medical and Surgical Journal, but shall give no extracts, as the *gist* of the matter is contained in the following analysis of it by Dr. Huston. That the leading surgeons of Boston could be captivated by *such an invention as this*, heralded to the world under the auspices of a *patent right*, and upon *such evidences* of utility and safety as are presented by Dr. Bigelow, excites our amazement. Why, mesmerism, which is repudiated by the *savans* of Boston, has done a thousand times greater wonders, and without any of the dangers here threatened. What shall we hear next?"

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*Mobile Marine Hospital.*—P. H. Lewis, M.D., Surgeon of the institution, has made out a report of the medical doings in the Hospital, for 1846. The following synopsis shows that it is a laborious office which he

holds. Discharged during the year, 366; died, 16; remaining under treatment, 22; admitted, 404. Deaths, four per cent. There is included in this catalogue of patients, 84 cases of intermittent fever; 33 of remittent; 41 injuries; 39 of syphilis; 12 of pneumonia, and a great variety of maladies which must have made great demands upon Dr. Lewis's time. From a personal knowledge of several marine hospitals, we are certain that they are well managed and scientifically officered, and we have no doubt that the one at Mobile is equal in this respect to any of them.

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*Massachusetts Medical College.*—The medical class in attendance the present season in Boston, numbers 165, several having entered since our last No., and one since the printing of the catalogue.

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*Tincture of Muriate of Iron in Gonorrhœa.*—Dr. Osborne, of Erie, Alabama, informs us that he has continued to use the tincture of the muriate of iron beneficially in leucorrhœa, and that he has extended its application to some cases of gleet, and one of gonorrhœa, with success. The latter disease yielded to it almost immediately, as it is said to do to the nitrate of silver, the mode of applying which has already been made known to the profession. Dr. Osborne uses the tincture of iron according to the following formula:—R. Tinct. mur. iron, gtt. x.; cold water, 3ss. Mix and inject with a syringe. In gonorrhœa he prescribes fifteen drops of the tincture to the half ounce of water, to be employed as an injection three times daily.—*Western Med. Journal.*

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*Medical Miscellany.*—Dr. J. W. C. Evans has been elected Speaker of the House of Representatives in New Jersey.—Dr. Robert W. Woodworth has been appointed a surgeon in the Navy, and Drs. Randolph Mason and Joshua Huntington assistant surgeons.—Army surgeons receive \$149 per month, and assistant surgeons \$125.—Dr. Owen is elected a State delegate from Anne Arundel Co. Maryland.—Smallpox exists at Providence, R. I.—A plan is before Congress for increasing the number of assistant surgeons in the Army.—On the catalogue of students now in attendance at the Louisville, Ky., Medical Institute, are three hundred and forty-eight names. One hundred and eight belong to Kentucky. Fifteen States are represented in that excellent School of Medicine and Surgery.

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ERRATUM.—Page 514, line 11 from top, for "*vivere lupto*" read *vivere raptō*.

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TO CORRESPONDENTS.—The papers of Drs. Brooks and Dixon have been received. Two from New York are inadmissible.

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MARRIED.—Dr. I. S. Curtis, of Merrimac, Mass., to Miss L. Branscomb.—Dr. J. A. G. Comstock, of New Lebanon, Conn., to Miss S. Richmond.

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DIED.—At Millbury, Mass., Dr. Wm. M. Benedict, 50.

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*Report of Deaths in Boston*—for the week ending Jan. 23d, 45.—Males, 23—females, 22. Stillborn, 6. Of consumption, 11—lung fever, 6—typhus fever, 2—intermittent fever, 1—hooping cough, 2—gravel, 1—infantile, 6—dropsy on the brain, 4—disease of the heart, 1—dropsy, 1—intemperance, 3—pleurisy, 1—paralysis, 1—croup, 2—debility, 1—convulsions, 1—influenza, 1.

Under 5 years, 20—between 5 and 20 years, 3—between 20 and 40 years, 8—between 40 and 60 years, 9—over 60 years, 5.





*Encyclopædia Americana.*—Messrs. Lea & Blanchard have brought out a supplementary volume of this favorite work, making the fourteenth in the series, under the accurate editorial supervision of Henry Vethake, LL D. It is printed to match those which have preceded it, in double columns, with paper and type to correspond. For ourselves, we are much obliged to the enterprising Philadelphia publishers for bringing out this useful collection of facts in history, biography, geography, science and the arts, besides something of everything else in the world of knowledge. It is an exceedingly convenient book for consultation, equally important to all classes of society, and we are quite sure that the public would be gratified with an annual continuation, if filled as acceptably as this, with modern matter, properly compounded with antiquarian researches, and such strongly marked events and discoveries as distinguish the age. Medical gentlemen owning the thirteen volumes published under the superintendence of Dr. Leiber, hereafter cannot consider them a perfect set without the new fourteenth. A distinguishing feature of this extra, is the account given of the origin and present position of the most celebrated chemists, naturalists, physicians, &c., now living in Europe. Mr. Mussey, Cornhill, Boston, furnishes copies reasonably.

*South-western Medical Reformer.*—Were it not for keeping the medical public apprised of what is transpiring, we should not feel obliged to notice every meteoric shower of anti-scientific influence that falls upon our table in the shape of a periodical. This South-western Medical Reformer, like a score of the same calibre, now radiating their feeble light, a-la-tal-low-candle, beneath the full blaze of the meridian sun, hails from Memphis, Tenn., bearing this motto, viz., "Revolution is the only effective remedy for social evils." Should the citizens of Memphis be at all influenced by the sentiment, they would, regarding the Reformer as a nuisance, take measures to remove it at once. This is verily an age of mushroomism in medical literature.

*Charity Hospital in New Orleans—Erection of an Amphitheatre.*—We are gratified to learn, that the administrators of this institution have at last determined to erect an amphitheatre for the performance of surgical operations. Such a thing has been long wanted. Heretofore operations were performed in the wards, to the great terror of the surrounding sick, with much inconvenience to the operating surgeon, and where it was impossible for a large number of spectators to witness what was done. A good amphitheatre is indispensably necessary to a large hospital, and we are glad to hear that one is proposed to be erected as soon as possible.

The number admitted into this hospital during the year, will approximate 7000; notwithstanding its general healthiness. The sick and disabled soldiers returning from the seat of war—persons belonging to other States—have contributed in no small degree to the formation of this *unusual* number. In consideration of this, it would be right for the General Government to make an appropriation in aid of this liberal institution, whose doors are open to the *afflicted* of every State and Nation. Other cities think they have done enough, when they have provided for *their own sick*, but the portals of the New Orleans Charity Hospital are open to *all*, come from where they may.—*New Orleans Medical Journal.*









